

COUNCIL PAPER No. 39.



COLONY OF FIJI

MEDICAL DEPARTMENT

ANNUAL REPORT

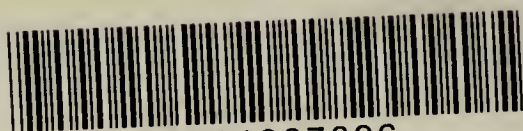
FOR THE YEAR

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1953

LEGISLATIVE COUNCIL
FIJI

COUNCIL PAPER No. 39.

MEDICAL DEPARTMENT

(ANNUAL REPORT FOR 1951.)

ADMINISTRATION.

1. ESTABLISHMENT AND STAFF.

MEDICAL DIRECTORATE.

The Departmental Establishment is shown at Appendix I to this Report.

Dr. J. M. Cruikshank, C.M.G., O.B.E., Director of Medical Services, Fiji (also Inspector-General, South Pacific Health Services), and Dr. K. R. Steenson, Deputy Director of Medical Services, continued their substantive duties throughout the year.

His Majesty the King was graciously pleased to approve the award of a Companionship of the Most Distinguished Order of St. Michael and St. George, in the 1951 Birthday Honours List, to Dr. J. M. Cruikshank, O.B.E., Director of Medical Services.

2. MEDICAL AND NURSING STAFF.

The following higher degrees were obtained by Medical Officers during the year:—

Dr. R. W. D. Maxwell, Diploma of Public Health (N.Z.).

Dr. F. R. Hollins, Diploma of Public Health (Lond.).

Dr. P. G. Griffiths, Member of the Royal College of Physicians, London; Fellow of the Royal Faculty of Physicians and Surgeons, Glasgow.

The following appointments were made:—

Dr. J. K. Griggs, Medical Officer to the Nadi International Airport, February 1st.

Dr. N. B. Walker, Temporary Medical Officer, 17th September.

Mr. P. R. Allan, X-ray Technician, on 22nd January.

The following resignations and retirements took place:—

Dr. S. G. Ross resigned on completion of agreement, on 18th March.

Dr. A. R. Aronson resigned on 26th May.

Dr. B. H. B. Upton resigned on 3rd March.

Rev. Mother Mary Agnes retired on 21st March.

The following secondments took place:—

Dr. K. H. Black, who had been seconded to the Government of the Kingdom of Tonga, returned on 8th May.

Dr. G. O. Hallman, was seconded to Tonga on 8th August.

Dr. T. Jezierski was seconded to the Gilbert and Ellice Islands Colony on 31st January.

The following officers resumed duty:—

Mr. J. R. Reid, Surgeon Specialist, returned from leave on 9th January.

Dr. A. S. Frater, M.B.E., Principal of the Central Medical School, returned from leave from leave on 3rd January.

Dr. T. A. Doran, Medical Officer in Charge, Colonial War Memorial Hospital, returned from leave on 30th April.

Mr. F. T. Stackpool, Government Pharmacist, returned from leave on 19th June.

Mrs. L. R. Frater, Librarian, Central Research Library, assumed duty as Librarian on the 1st March.

The following leave had been granted:—

Mr. F. T. Stackpool, Government Pharmacist, 1st January.

Dr. T. A. Doran, Medical Officer in Charge, Colonial Hospital, 14th March.

Dr. R. W. D. Maxwell, Senior Medical Officer, 25th April, to continue with study leave on a World Health Organization Fellowship.

Dr. T. A. U. Clunie, Senior Medical Officer, leave prior to retirement on 7th August.

Dr. C. J. Austin, O.B.E., Medical Superintendent of the Fiji Leprosy Hospital, for duty with the South Pacific Commission from 21st October.

Dr. P. E. C. Manson-Bahr, Physician Specialist, on 14th November.

The following transfers took place:—

Dr. James Taylor, Medical Officer of Health, transferred to the Seychelles Islands Colony as Chief Medical Officer, 20th February.

Mr. F. T. Stackpool, Government Pharmacist, transferred to Kenya 28th October.

3. LEGISLATION.

Laws and Regulations relating to departmental matters were enacted as follows:—

Ordinance No. 1 of 1951: Pharmacy and Poisons (Amendment) Ordinance, requiring that any medicine imported into the Colony shall bear a label stating in English or in pharmacopeial terms every ingredient of such medicine.

Ordinance No. 2 of 1951: Pure Food (Amendment) Ordinance, providing for the institution of legal proceedings by Inspectors and others, under the main Ordinance.

Legal Notice No. 61: Rules made under the Nurses and Midwives Ordinance 1948.

Legal Notice No. 78: Leper (Conditional discharge) Amendment Regulations, providing that leprosy patients might be now discharged one year after they have shown no reactivity, instead of two years as formerly.

4. FINANCE.

The Revenue and Expenditure of the Department during 1951 is shown below:—

Gross Expenditure	£541,409
Revenue	45,893
Net Expenditure	£495,516

This gross expenditure represents 13·8 per cent of the total colony expenditure, or 32s. 10d. per head of population.

The following table shows the expenditure on medical and public health services, per head of the population, over the past 16 years:—

Year	Total Population	Expenditure per head
1936	201,086	8s. 1d.
1939	215,030	10s. 7d.
1942	233,895	10s. 1d.
1944	246,485	12s. 1d.
1945	254,676	14s. 2d.
1946	260,468	16s. 6d.
1947	269,274	20s. 8d.
1948	277,372	24s. 4d.
1949	284,955	25s. 0d.
1950	293,764	27s. 2d.
1951	301,959	32s. 10d.

5. COLONIAL DEVELOPMENT AND WELFARE PROJECTS.

Central Medical School.—Construction of these buildings is expected to begin early in 1952. It is to be located at Tamavua on high ground overlooking the Suva Harbour.

Tuberculosis Survey.—The Tuberculosis Survey was continued throughout the year and covered such institutions and groups as residential schools, villages, building works, prisons, food-handlers, banks, army recruits, and indigents.

The total number surveyed radiologically was 3,948 and an additional 5,818 X-rays taken elsewhere were read at the Tamavua Tuberculosis Hospital.

The BCG inoculation campaign was carried on throughout the year and 14,000 Mantoux tests were recorded with 5,472 BCG vaccinations completed.

Central Medical Research Library.—This Library came into existence with an initial grant of £4,000 from the Colonial Development funds in 1949.

Mrs. L. Frater, B.A., Dip. Ed., returned from England in March, having taken a course in Librarianship.

The Library is linked with world exchange systems so that missing Journals may be replaced. A pamphlet section has recently been organized, and in this connexion the generosity of the London School of Tropical Medicine and Hygiene is gratefully acknowledged.

The Library has three important functions—

- (a) to supply information to clinicians;
- (b) to aid Medical Students;
- (c) to aid research workers.

6. RESEARCH.

Tuberculosis-Leprosy-Nutrition.—During this year an Assistant Medical Practitioner was trained in the clinical and laboratory diagnosis of tuberculosis, with Mantoux testing and the giving of BCG vaccine. At the same time one Assistant Medical Practitioner from the Gilbert and Ellice Islands Colony and one from the British Solomon Islands Protectorate were trained to form part of a Tuberculosis-Leprosy-Nutrition survey team under the supervision of the Medical Superintendent of the Fiji Leprosy Hospital and the Dietician, South Pacific Health Services. The field equipment was sent to the British Solomon Islands Protectorate and the team is expected to start work early in 1952.

Root-crops.—A programme was started under which supplies of root-crops were sent to Otago University, New Zealand, to discover, by amino-acid determinations, which varieties are most nutritive.

Kwashiorkor.—Investigation of signs of avitaminosis in Fiji, carried on over the past two years, has resulted in this clinical conditions' being now described in Fijian children. Dr. P. E. C. Manson-Bahr, Physician Specialist, published a paper on the condition.

Fijian Demography.—Dr. W. L. I. Verrier, District Medical Officer, Southern, continued during the year his basic research into Fijian demography, with special reference to the use of devised systems in epidemiological investigations.

Central Leprosy Registry.—This was established in 1950, and the year under review was the first full year of its operation. A report on the institution is appended at Appendix IIIB and shows how the application of novel methods of indexing have allowed a large improvement to be made, in the “ follow-up ” of patients discharged from the Leprosy Hospital. Much information has been gathered towards working out an epidemiology of the disease in the Islands.

7. MEDICAL STORES AND EQUIPMENT.

With a few exceptions, due to shipping delays, the supply of drugs and equipment was satisfactory.

Issues from the Pharmacy, as charged to the nearest £, were as follows:—

	Drugs, Instruments	Furniture, Bedding, Clothing, etc.	Total
Sales to Doctors	£79	....	£79
Other Cash Sales	753	....	753
Special Hospitals	7,860	4,662	12,622
General Hospitals	18,742	5,890	24,632
Rural Hospitals	3,952	1,378	5,330
Rural Dispensaries	4,170	134	4,304
Child Welfare	1,946	358	2,304
Assistant Nurses	2,030	244	2,274
Missions	91	....	91
Other Departments	1,274	1,266	2,540
Other Medical	550	24	574
Totals	£41,447	£13,956	£55,403

THE PUBLIC HEALTH.

8. *General Remarks.*—The Director of Medical Services is Chairman of the Central Board of Health which controls and co-ordinates the public health activities throughout the Colony.

There are twenty Local Health Authorities constituted under the Public Health Ordinance (1936) whose duties are concerned with carrying into effect this Ordinance and Regulations made thereunder. The Local Authorities also take charge of the local aspects of Town Planning and Sub-division of Lands in their own areas.

Each District Medical Officer in the three Districts into which the Colony is divided is a Medical Officer of Health to the Local Authorities within his District; and in this capacity he is assisted by a trained staff of Health Inspectors, Health Sisters, Assistant Health Inspectors, Assistant Nurses, and other junior staff.

The Colony is divided into 48 areas each having an Assistant Medical Practitioner at a Rural Hospital or Rural Dispensary. He is responsible to his Medical Officer of Health in matters of communicable diseases. Each of the three Districts forwards to headquarters a weekly statement of the incidence of notifiable infectious diseases within its boundaries. Guidance is then given when needed by headquarters so that preventive or controlling measures may be as thorough as possible.

Fiji as a participating member of the South Pacific Health Service takes part in the weekly telegraphic exchange of epidemiological information among territories concerned.

COMMUNICABLE DISEASES.

9. *Influenza.*—This was by far the most prevalent infectious disease during the year, being epidemic throughout the South Pacific, as it was in the rest of the world.

The total number of cases notified was 3,280 but this is probably a small fraction of the incidence. All age-groups were affected and industry was temporarily slowed-down by the illness of workers. The mortality was negligible, there being a few deaths from pneumonia in elderly people.

10. *Enteric Diseases.*—Typhoid Group—There was a marked reduction in the incidence of these diseases: cases notified were 111 compared with 206 in the previous year. It is considered that the factors governing this improvement might be listed in order of importance, an intensive campaign of inoculation, fuller application of the existing public health regulations concerning food-handling, provision and supervision of night-soil disposal, and measures of health-education.

11. *Dysenteries.*—There was a substantial reduction in the incidence of all types of dysentery. The number of reported cases was 338 against 437 in 1950. Of the 338 cases, 114 were bacillary, 35 amoebic, and the remaining 189 unclassified bacteriologically.

12. *Infantile diarrhoea.*—The total number of cases reported was 620, against 920 in 1950. The leading factor in this large incidence (reported cases are a small proportion of probable true incidence) is the feeding methods in Fijian villages which are specifically excluded from the application of the Public Health Ordinance.

13. *Pertussis.*—There was a marked upward trend in reported cases of pertussis, 234 against 66 in 1950. This was expected, as the disease has shown a tendency to return in an eight-year cycle. The last year of a high incidence was 1944. Pertussis inoculation was pressed so as to include as many as possible of school children.

14. *Ankylostomiasis*.—The reduction in the incidence of Hookworm is attributable to the widespread distribution of sanitary latrines, the education of the younger generation, and examination of school children with provision for treatment when needed.

15. *Dengue*.—The intensive anti-mosquito campaign is reflected in the reduction of reported cases of dengue fever from 260 in 1950 to 58 in 1951.

16. *Yaws (framboesia)*.—Here again the educational programme, the frequent examination of school-children, and the carrying of medical care to remote villages has considerably lowered the incidence of yaws.

17. *Venereal Diseases*.—The reported incidence of gonorrhoea was 232 in 1951, against 297 in 1950. Cases of syphilis reported were 23 against 27. Case-finding and contact-tracing have been intensified and a night-clinic has been opened in the Suva area. The indications are that there is a gradual decline in the incidence of both gonorrhoea and syphilis. No case of other venereal disease was reported in 1951.

18. *Tuberculosis*.—The Tuberculosis Control Unit was active during the year. New cases discovered were 206, against 303 in 1950. Over 14,000 Mantoux tests were performed, and 5,500 BCG vaccinations made. A separate report on the Tuberculosis Division is appended at Appendix VII.

19. *Leprosy*.—The Fiji Leprosy Hospital harboured 791 patients during the year. The duration of detention has now been reduced to one year's freedom from infectivity, as a result of sulphetrone therapy combined with an effective system of follow-up of discharged patients, and examination of contacts. It is intended that patients who have been on sulphetrone therapy at Makogai shall continue this treatment after discharge for a period of years, in order to lower the risk of later recurrence of the disease. The Annual Report of the Medical Superintendent of the Fiji Leprosy Hospital is given as Appendix IIIA and that of the Central Leprosy Registry as Appendix IIIB.

20. MOSQUITO AND FILARIASIS CONTROL.

The general measures of mosquito control are rigidly applied around the main centres and airports. These are, draining and filling, removal of harbourage and breeding-places, oiling of surface-water, residual spraying, and the use of the TIFA machine.

The possibility that anopheles vectors of malaria might get in to the Colony is constantly under examination at air and surface ports of entry. Vessels from malarial ports are thoroughly inspected and sprayed with aerosols. All ships coming from malarial ports are compelled to carry out, before reaching Fiji, prescribed preventive measures against possible introduction of anopheles. Similar measures are taken in the case of aircraft landing in Fiji at the sea or land ports of entry.

Regular inspections of all built-up areas and vacant lands are carried out by trained inspectors. Breeding-places are oiled and drained. Drainage systems are checked, and are gradually being sealed with concrete. All buildings at the airports are residually-sprayed at intervals.

Filariasis Inspectors, 45 in number, are stationed throughout Fiji to make regular inspections of 1,049 villages and schools. In all areas advice is given on the eradication of *Aedes scutellaris*; this covers general village sanitation as well as talks on filariasis. Pilot check blood-tests have been done in selected areas as a preliminary to the five-year survey which will be repeated commencing in 1952. Blood smears of 930 members of the 1st Battalion Fiji Infantry Regiment, before their departure for Malaya were carried out and Hetrazan treatment given to positive cases.

21. IMMUNIZATIONS.

All clinics, health offices, and District and Rural Hospitals provide free inoculations against pertussis, diphtheria, and the typhoid group of diseases, as well as vaccination against smallpox.

The 1951 campaign was directed particularly against the enteric group and pertussis.

Yellow fever and cholera vaccinations are provided for travellers proceeding to countries whose regulations require such immunizations.

Tetanus toxoid is in use for closed areas where the risk of infection is considered to be high; it is also provided on request.

22. VITAL STATISTICS.

The average increase in population from 1936 to 1946 is estimated at 6,126 per annum, while that for the years 1946 to 1951 is estimated at 7,053.

The average annual increase for the two major races for the years 1946 to 1951 is—

Fijians	..	..	..	..	..	..	..	2,467
Indians	..	..	..	..	..	..	..	3,819

The natural increase for the whole population for the year 1951 is 28.22 per thousand.

The birth rates were as follows:—

					1951	(1950)
Crude rate	..	..	..	..	37.88	39.20 per mille
Fijians	..	..	..	..	34.42	37.11
Indians	.	..	..	..	42.45	42.49

The general death rates were:—

Fijians	..	..	..	..	..	12.48 per mille
Indians	.	..	..	..	..	8.73

Appendix IV gives the Registrar-General's statement of births, marriages and deaths, while statistical analyses of population trends, natural increase, and infant mortality are also given.

HYGIENE AND SANITATION.

ADMINISTRATION.

23. The administration of the Public Health Ordinance is vested, by the terms of that Ordinance, in the Central Board of Health and is decentralized by the Board to local authorities. Advisory functions are shared between the Director of Medical Services and the Central Board of Health, which latter body receives regular reports from, and where necessary, directs the activities of, the local authorities.

24. Port Health and quarantine in Suva is in the charge of the Medical Officer of Health and all Government Medical Officers in country districts are Medical Officers of Health for the sanitary districts in their charge. There is a small group of qualified Health Inspectors and a number of Assistant Health Inspectors who are locally trained; the co-ordination of the work of these officers is carried out by the Chief Health Inspector, who is also Secretary to the Central Board of Health. A limited number of district Health Sisters is employed on district work, field inspections, and the direction of child welfare activities in the towns and districts.

25. There were 20 local authorities functioning in the Colony and the minutes of 103 meetings were forwarded to the Central Board of Health. The Suva and Lautoka Urban, Levuka and Nausori Township, and Suva Rural Local Authorities met monthly; other local authorities met at irregular intervals. The Central Board of Health acted as Local Authority for the area covered by Nadi Airport.

26. The following is a summary of the work carried out by Health Inspectors and Assistant Health Inspectors during the year:—

(a) *General Sanitary Inspection*—70,976 inspections and re-inspections were carried out resulting in 22,294 sanitary defects being remedied. 4,680 written notices were issued. Buildings in urban and suburban areas, which were unfit for occupation received attention as follows:—

Closing orders issued	39
Demolition Orders issued	11
Unfit buildings demolished by owners	45
Unfit buildings demolished by Local Authority	1

(b) *Food Supplies and Premises*—8,233 inspections were made of food premises and vehicles and 1,034 improvements to such premises completed during the year. Food inspection was well maintained, approximately 48½ tons of unsound foodstuffs being condemned and destroyed. Ninety-nine samples of food were taken for laboratory examination (95 chemical; 4 bacteriological) and appropriate action was taken in respect of sub-standard goods. The majority of samples taken were of milk and ice cream.

(c) *Supervision of Erection of New Buildings*—The standard of new housing in the Township and suburban areas continued to show improvement. Every new building, where a piped water supply exists, has a septic tank system of sewage disposal, and concrete is in a large measure replacing timber frame construction.

In 18 sanitary districts, excluding the town of Suva, Health Inspectors, who also act as Building Inspectors, dealt with 787 applications in respect of new buildings, or structural alterations or repairs, to a value of £816,380. At the end of the year 789 building projects were under supervision.

(d) *Legal Proceedings*—Legal proceedings were instituted as follows:—

Offences under Public Health Ordinance—Cases, 46; convictions, 41; Penalties £56 19s. 6d.

Offences under Pure Food Ordinance—Cases, 5; convictions, 5; penalties, £78.

27. SEWAGE DISPOSAL.

Householders in suburban and rural districts continued to take advantage of the facilities offered for improved sanitation. Over 200 applications for permission to instal septic tanks were received and 228 reinforced concrete latrine slabs, manufactured by Medical Department at Suva were supplied at cost price to applicants.

28. GARBAGE DISPOSAL.

Garbage collection services were extended in two districts. In 14 sanitary district more than 6,000 premises were served by regular garbage collection services supported by garbage collection rates.

29. RAT DESTRUCTION.

Thirteen thousand seven hundred and fifty-five traps were set and 3,299 rats caught in 1951, 96 of these rats were submitted for laboratory examination for plague but none was found to be infected.

30. WATER SUPPLIES.

One hundred and twenty-eight samples of drinking water were taken for bacteriological examination and nine samples for chemical test, 52 samples were taken from sea baths and all were found to be satisfactory.

SEAPORT AND AIRPORT HEALTH AND QUARANTINE.

31. Suva, Lautoka and Levuka are the three ports of entry in the Colony for overseas ships, with Suva the only port of entry for ships from malarial ports. Aircraft use the airports at Nadi and Nausori and flying boats land at Laucala Bay, Suva. During 1951 the total number of ships and aircraft for overseas at these ports from overseas were as follows:—

Port						Ships	Landing Passengers
Suva	}	..	..	..	..	157	1,668
Lautoka							
Levuka							
Airport						Airport	Landing Passengers
Nadi	..	..	..	..	..	775	4,904
Nausori	..	..	..	..	..	22	374
Laucala Bay	..	..	..	..	..	109	2,291
Totals					..	906	7,569

32. Nadi, as the Colony's main airport, handled the bulk of the air traffic during the year. There is a Medical Officer stationed at Nadi Airport and a Health Inspector, who carries out fumigation of aircraft, and general sanitary measures. Aircraft from malarial places are required to land at either Nadi or Laucala Bay and may use Nausori only in exceptional circumstances. Strict precautions are taken with such aircraft, the Medical officer of Health, Suva, being required to attend in the case of aircraft landing at Laucala Bay.

33. Sixteen overseas vessels and 72 local vessels were fumigated, mostly with cyanide, and more than 800 aircraft were treated with aerosol dispensers.

34. The Medical Officer of Health and Health Inspectors visited the quarantine islands of Nukulau and Makuluva periodically during the year. These islands were satisfactorily maintained, the launch *Vuniwai ni Toba* making regular journeys to service them.

HOSPITALS AND DISPENSARIES.

GENERAL REMARKS.

35. The Colony's Hospitals are classed as General, Special, District, rural and private. The Colonial War Memorial Hospital in Suva is the general hospital for the Colony. It has 275 beds, including 24 obstetric beds, and 12 in the ophthalmic section. It affords a full general medical and surgical service and has wide facilities for special investigations and treatments. There are three District Hospitals, at Lautoka, Labasa and Levuka. The three Special Hospitals cater for Leprosy, for Tuberculosis and for Mental Diseases.

36. The Fiji Leprosy Hospital is located on, and entirely occupies, the island of Makogai. A separate report on its activities is appended.

37. The Tuberculosis Hospital is at Tamavua some five miles from Suva, and has a capacity of 256 beds. Here patients from all parts of the Colony, who are capable of benefiting from specialist treatment, are admitted.

38. The Mental Hospital in Suva undertakes the care of patients with all types of mental disease including mental deficiency. There are 110 beds here, and patients from all parts of the Colony are admitted.

39. There are four private Hospitals:—

- (a) Nurse Morrison's Maternity Home, Suva, 6 beds;
- (b) Methodist Mission Indian Women's Hospital at Ba, 18 general and obstetric beds.
- (c) Taveuni Cottage Hospital, 3 beds;
- (d) Ba Cottage Hospital of the Colonial Sugar Refining Company, with 6 general beds.

These private hospitals receive government subsidies. The total number of Hospital beds in the Colony is 1,944.

COLONIAL WAR MEMORIAL HOSPITAL.

40. <i>Inpatients—</i>								<i>Total</i>
Fijian	..	..	..	..	..	..	..	1,545
European	..	..	..	..	..	..	..	314
Indian	..	..	..	..	..	..	..	2,086
Chinese and Others			..	..	..	..	..	431
								<hr/>
					Total	..	..	4,376
41. <i>Outpatients—</i>								<i>Total</i>
Fijian	..	..	..	..	..	..	..	28,357
European	..	..	..	..	..	..	..	6,541
Indian	..	..	..	..	..	..	..	34,232
Others	..	..	..	..	..	..	..	5,876
								<hr/>
					Total	..	..	75,006

42. *Revenue*.—There was a considerable drop in revenue from £4,023 in 1950 to £2,844 in 1951.

43. *X-ray Department*.—The total number of X-rays taken was 11,700 against 7,400 in 1950. A large part of the increase is in chest X-rays which are done on the 35mm machine unless there are indications for the use of large plates.

44. *Dental Department*.—Total patients treated in 1951 was 9,765, an increase of more than 600 over 1950. A comprehensive touring programme was arranged during the year, so that Assistant Dental Practitioners were available throughout the Fiji group and in Rotuma.

The services of Dr. Harry L. Cloud of the United States Trust Territories Administration were much appreciated especially in the training of Assistant Dental Practitioners.

45. *Obstetric Section*.—The average number of admissions was 100 per month, about the same as in 1950, This absorbs the whole capacity of the division.

TAMAVUA TUBERCULOSIS HOSPITAL.

(See separate report at Appendix VII.)

FIJI LEPROSY HOSPITAL, MAKOGAI.

(See separate report at Appendix IIIA.)

MENTAL HOSPITAL, SUVA.

(See separate report at Appendix XI.)

DISPOSITION OF HOSPITALS.

46. General Hospitals in Suva:—

									<i>Beds</i>
Colonial War Memorial Hospital	..	..	..	..	..	..	..	..	275
Tamavua Tuberculosis Hospital	..	..	..	..	..	..	..	..	256
Mental Hospital	..	..	..	..	..	..	..	..	100
Fiji Leprosy Hospital, Makogai	..	..	..	..	..	..	..	..	750
District Hospitals—									
Lautoka	..	..	..	..	..	..	..	..	150
Labasa	..	..	..	..	..	..	..	..	50
Levuka	..	..	..	..	..	..	..	..	24
Subsidized Hospitals—									
Methodist Mission Hospital, Ba	..	..	..	..	..	..	..	..	24
Nurse Morrison's Home	..	..	..	..	..	..	..	..	8
Waiyevo Cottage Hospital	..	..	..	..	..	..	..	..	3
Private Hospital, C.S.R. Co., at Ba	..	..	..	..	..	..	..	..	6
Rural Hospitals—									
Wainibokasi	..	..	..	..	..	..	..	..	45
Waiyevo, Taveuni	..	..	..	..	..	..	..	..	40
Vunidawa	..	..	..	..	..	..	..	..	28
Koromumu, Sigatoka	..	..	..	..	..	..	..	..	27
Penang, Rakiraki, Ra	..	..	..	..	..	..	..	..	25
Nadi	..	..	..	..	..	..	..	..	25
Nailaga, Ba	..	..	..	..	..	..	..	..	22
Savusavu	..	..	..	..	..	..	..	..	20
Vunisea, Kadavu	..	..	..	..	..	..	..	..	16
Lomaloma, Lau	..	..	..	..	..	..	..	..	16
Nabouwalu, Bua	..	..	..	..	..	..	..	..	14
Rotuma	..	..	..	..	..	..	..	..	12
Lakeba, Lau	..	..	..	..	..	..	..	..	8
Matuku	..	..	..	..	..	..	..	..	6
Total number of beds available	..	..	..	..	..	..	..	..	1,944

See Appendix V for details of outpatients.

See Appendix VI for details of inpatients.

DISPOSITION OF URBAN AND RURAL DISPENSARIES.

47. *In Suva*—

Suva Gaol

Samabula.

Tamavua Outpatient (General) Dispensary.

Southern District (under District Medical Officer, Nausori)—

Beqa Island.

Nausori Clinic

Combined Schools, at Lodon.

Navua

Korovou, Tailevu North.

Nayavu

Lodon.

Serua Island

Lomanikoro.

Viria

Mokani

Yaro, Kadavu

Namosi

Southern District (Lomaiviti sub-district)—

Gau	Koro
Kabara	Moala

Western District (under District Medical Officer, Lautoka)—

Korolevuiwai	Natuatuacoko
Nadarivatu	Naviti, Yasawa
Nadi Airport (administered from Suva)	Tau
Namarai	Tavua
Nanukuloa	Vatukoula
Nasau	Vitogo

Northern District (under District Medical Officer, Labasa)—

Dreketi	Visoqo
Lekutu	Wainikoro
Naduri	Wainunu
Udu	

Northern District (Taveuni sub-district)—

Kioa Island Community	Rabe Island Community
Natewa	Saqani

Total Rural Dispensaries—43.

See Appendix V for details of outpatients.

LABORATORIES DIVISION.

48. PATHOLOGY LABORATORY, SUVA.

Routine work in this Laboratory continued to take up most of the time of the staff, the main features are:—

Histological Preparations .	..	..	..	..	789
Post-mortem Examinations	..	..	..	..	142
Clinical Specimens Examined	..	..	..	..	11,499
Parasitology Examinations	..	..	..	..	7,330
Bacteriological Tests	..	..	..	..	3,393
Public Health Examinations	..	..	..	..	287
Biochemical Tests .	..	..	..	..	1,026
Animal Inoculations	..	..	..	..	7
Rats Examined for plague	..	..	..	..	73
Veterinary Investigations .	..	..	..	..	259
Medicolegal Examinations	..	..	..	..	12
Miscellaneous unclassified .	..	..	..	..	1,021

Total Examinations for the year 25,838

49. The number of Post-mortem examinations made was about the same as in the previous year; and it would seem that this figure of 150 per annum is the maximum provided by the Colonial Hospital under present arrangements. Post-mortem examinations are made on about half the patients who died in Hospital.

50. A Blood-Bank was started during the year, made necessary by the increased demands for blood by the surgical department of the hospital. This has resulted in an increase in the number of blood-groupings done, and transfusions given. A considerable amount of plasma was prepared from blood. The working of this blood-bank has been satisfactory.

51. The study of Malignant Malnutrition in Fijian infants was continued and a further number of cases was collected. It is hoped to make a full report on this condition in Fiji during 1952.

52. The study of Megaloblastic Anaemia in Fiji was continued and further detailed work is planned for 1952.

THE LAUTOKA LABORATORY.

53. This Laboratory was in full operation during the year, undertaking a variety of procedures, including the culture of bacterial specimens.

Procedures carried out were—

Haematology	..	..	..	..	..	..	2,091
Parasitology .	..	..	..	..	..	..	1,152
Bacteriology, Clinical Pathology .	..	..	..	..	..	..	2,182
Biochemistry	..	..	..	..	..	..	152
Serology	..	..	..	..	..	..	403

Total Examinations 6,790

54. TAMAVUA HOSPITAL LABORATORY.

A station laboratory at this Hospital was equipped during the year, to work as integral part of the main Laboratory.

TRAINING.

GENERAL.

55. Construction of the new building of the Central Medical School was begun, and it is expected that the premises will be completed and equipped by the middle of 1953.

56. CENTRAL MEDICAL SCHOOL.

The Principal's Report for 1951 is at Appendix IX.

57. NURSES TRAINING SCHOOL.

Nursing Students 1951—

					In training	Left 1951 training uncompleted
Colonial War Memorial Hospital	..	..			32	14
Lautoka	..	..	..	..	29	8
Labasa	..	..	..	..	6	3
Tamavua	..	..	..	..	13	1
					—	—
					80	26

58. ASSISTANT HEALTH INSPECTORS.

Eleven students were on the roll of the Central School of Sanitation during the year. The School offers a three-year course for local students, and a two-year period of training for those from overseas. Included in the figures are students from the Ellice Islands, the Cook Islands, Papua, Western Samoa, and New Guinea.

Four students completed their courses during the year and on passing their examinations qualified as Assistant Health Inspectors.

59. ASSISTANT LABORATORY TECHNICIANS.

Four students were in training during the year on a three-year course in laboratory technique.

60. PHARMACY ASSISTANTS.

Six students were in training during the year, and two qualified (1 Fijian, 1 Tongan) as Pharmacy Assistants.

61. METEOROLOGY.

A summary of meteorological observations for the year is given at Appendix X. For these I am indebted to the Meteorological Officer, Laucala Bay.

J. M. CRUIKSHANK,
Director of Medical Services.

APPENDIX I—DEPARTMENTAL ESTABLISHMENT 1951.

1. MEDICAL AND ADMINISTRATIVE SECTION—							
Director of Medical Services	..	..	..	..	..	..	1
Deputy Director of Medical Services	..	..	..	..	..	..	1
Secretary	..	..	..	..	..	..	1
Senior Medical Officers	..	..	..	..	..	..	3
Senior Health Officer	..	..	..	..	..	..	1
Physician Specialist	..	..	..	..	..	..	1
Surgeon Specialist	..	..	..	..	..	..	1
Medical Officers	..	..	..	..	..	..	17
Ophthalmologist	..	..	..	..	..	..	1
Radiologist	..	..	..	..	..	..	1
Senior Dental Surgeon	..	..	..	..	..	..	1
Dental Surgeon	..	..	..	..	..	..	1
Pathologist	..	..	..	..	..	..	1
Medical Officer of Health	..	..	..	..	..	..	1
Assistant Medical Practitioners	..	..	..	..	..	..	92
Assistant Dental Practitioners	..	..	..	..	..	..	2
2. NURSING SECTION—							
Nursing Superintendent	..	..	..	..	..	..	1
Matrons	..	..	..	..	..	..	4
Assistant Matron	..	..	..	..	..	..	1
Sisters in Charge	..	..	..	..	..	..	4
Sisters	..	..	..	..	..	..	42
Junior Sisters	..	..	..	..	..	..	15
Health Sisters	..	..	..	..	..	..	11
Principal, Nursing School	..	..	..	..	..	..	1
Tutor Sisters	..	..	..	..	..	..	4
Relieving Sisters	..	..	..	..	..	..	6
Assistant Nurses	..	..	..	..	..	..	280
3. TECHNICAL SECTION—							
Laboratory Superintendent	..	..	..	..	..	..	1
Chief Health Inspector	..	..	..	..	..	..	1
Health Instructor	..	..	..	..	..	..	1
Health Inspectors	..	..	..	..	..	..	10
Government Pharmacist	..	..	..	..	..	..	1
Assistant Pharmacists	..	..	..	..	..	..	2
X-ray Technician	..	..	..	..	..	..	1
Radiographers	..	..	..	..	..	..	2
Dieticians	..	..	..	..	..	..	3
Laboratory Assistants	..	..	..	..	..	..	7
Assistant Health Inspectors	..	..	..	..	..	..	20
Pharmacy Assistants	..	..	..	..	..	..	3
X-ray Assistants	..	..	..	..	..	..	5
Dental Mechanic	..	..	..	..	..	..	1
4. CLERICAL SECTION—							
Clerical Staff	..	..	..	..	..	..	34
5. SUPERVISORY SECTION							
Head Attendant, Mental Hospital	..	..	..	..	..	..	1
Assistant Attendant	..	..	..	..	..	..	1
Caretaker, Quarantine Island	..	..	..	..	..	..	1
Hospital Carpenters	..	..	..	..	..	..	3
Occupational Instructor	..	..	..	..	..	..	1
Housekeepers	..	..	..	..	..	..	3
Laundry Supervisors	..	..	..	..	..	..	2
Head Seamstress	..	..	..	..	..	..	1
Assistant Storekeeper	..	..	..	..	..	..	1
Engineers	..	..	..	..	..	..	3
Subordinate Staff	..	..	..	..	..	..	116
6. CENTRAL MEDICAL SCHOOL—							
Principal	..	..	..	..	..	..	1
Assistant Principal	..	..	..	..	..	..	1
Clerical Staff	..	..	..	..	..	..	1
Housekeeper	..	..	..	..	..	..	1
Servants	..	..	..	..	..	..	6
7. FIJI LEPROSY HOSPITAL							
Medical Officer	..	..	..	..	..	..	1
Clerical Staff	..	..	..	..	..	..	1
Overseer	..	..	..	..	..	..	1
Servants	..	..	..	..	..	..	20
Bakers	..	..	..	..	..	..	4
Nursing Sisters	..	..	..	..	..	..	28
Constables	..	..	..	..	..	..	4
Headmen and Women	..	..	..	..	..	..	10
Schoolteachers	..	..	..	..	..	..	2

APPENDIX II.

TABLE A—NOTIFICATION OF INFECTIOUS DISEASES BY DISTRICTS FOR THE YEAR 1951.

NAME OF DISEASE.	SUVA.				SOUTHERN.					WESTERN.								EASTERN.		NORTHERN.		CAKAUDROVE.			ROTU- MA.	TOTAL.		
					Tailevu.	Rewa.	Naitasiri.	Serua.	Kadavu.	Nadroga.	Nadi.	Lautoka.	Ba.	Tavua.	Nadavivatu.	Ra.	Aircraft.	Ships.	Nadi Aerodrome.	Lomaiviti.	Lau.	Macuata.	Bua.	Taveuni.			Savu Savu.	Rabi.
	Suva Urban.	Suva Rural.	Aircraft.	Ships.																								
Cerebro-Spinal Meningitis	..	..	..	..	..	..	..	..	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken Pox (Varicella)	4	15	..	..	9	5	23	11	2	12	2	20	6	..	4	1	..	..	..	8	15	1	..	5	2	..	1	..
Amœbic Dysentery	..	..	..	..	2	..	..	..	1	..	2	14	2	..	..	..	..	..	..	..	..	5	8	..	1	..	..	..
Bacillary Dysentery	4	15	..	..	1	..	1	2	..	2	..	2	1	..	..	..	..	..	1	..	..	1	78	2	..	4	..	..
Unclassified Dysentery	..	..	..	..	8	2	1	16	..	8	36	..	19	44	4	8	..	..	..	1	..	..	34	7	..	1	..	..
Influenza	11	3	..	..	239	72	214	222	272	99	95	29	300	15	5	167	..	..	38	177	158	94	67	195	171	..	637	3,280
Measles (Morbilli)	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3
Measles (German)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Enteric Fever	4	6	..	..	9	..	..	3	1	4	1	20	12	1	1	2	..	..	..	..	..	..	23	1	..	1	..	89
Para-Typhoid fever	5	3	..	..	2	..	1	..	..	..	..	7	1	..	..	..	..	..	..	..	..	3	..	..	..	..	..	22
Whooping Cough	..	..	..	..	46	..	1	21	1	..	16	5	4	3	..	43	..	..	2	57	..	..	13	..	7	..	..	234
Dengue Fever	..	..	..	..	..	2	..	..	..	3	3	1	33	..	..	10	..	..	1	3	2	..	..	..	..	..	..	58
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	3
Infantile Diarrhoea	..	..	..	..	149	47	53	34	14	28	26	44	..	..	6	53	..	..	11	52	10	17	44	14	28	..	..	620
Infective Hepatitis	1	6	..	..	4	1	..	..	..	1	1	..	..	..	..	..	..	..	..	7	..	..	5	..	..	..	..	25
Leprosy	1	9	..	..	5	..	..	3	5	1	1	..	..	..	1	2	..	..	..	7	4	..	5	..	..	5	..	49
Malaria	..	..	..	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Puerperal Fever	..	..	..	..	1	..	1	1	1	7	7	..	5	..	..	4	..	..	..	..	..	..	1	2	..	..	..	30
Tetanus	..	3	..	..	2	..	..	1	1	3	..	8	2	1	..	1	..	..	..	2	..	..	4	2	1	..	..	31
Trachoma	..	..	..	..	9	..	..	..	11	..	..	2	..	1	2	7	..	..	..	1	..	..	3	2	1	..	..	39
Tuberculosis Pulmonary	17	24	..	1	32	6	3	1	4	6	..	16	13	7	..	15	..	..	..	9	13	7	10	4	5	12	1	206
Tuberculosis other forms	1	2	..	..	3	..	1	2	..	..	1	1	3	1	..	6	..	..	..	1	2	1	1	1	..	3	..	28
Gonorrhœa	45	67	..	2	20	2	..	1	3	4	9	15	17	..	..	5	..	..	1	6	1	..	16	1	11	..	..	232
Ophthalmia neonatorum & Gonorrhœal	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Syphilis	..	18	..	..	2	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	23
Total	93	171	..	3	544	138	299	318	316	179	200	191	422	78	19	324	..	..	63	337	200	318	232	144	229	21	638	5,477

TABLE B.

NOTIFICATION OF INFECTIOUS DISEASES BY RACE FOR THE YEAR 1951.

Disease.				Europeans.	Part- Europeans.	Fijians.	Indians.	Others.	Total.
Cerebro-Spinal Meningitis	..	..	....	....		4	1	....	5
Chicken Pox (Varicella)	..	..	6	12	112	26	2		158
Amœbic Dysentery	..	..	1	1	11	21	1		35
Bacillary Dysentery	..	..	....	....	22	92	....		114
Unclassified Dysentery	..	..	....	1	51	136	1		189
Influenza	..	..	19	16	1,984	609	652		3,280
Measles (Morbilli)	..	..	2	....	1	....	....		3
Measles (German)	..	..	....	....	....	....	....		....
Mumps	..	..	....	....	....	....	....		....
Enteric Fever	..	..	....	4	23	60	2		89
Para-Typhoid Fever	..	..	1	1	13	7	....		22
Whooping Cough	..	..	....	14	147	53	20		234
Dengue Fever	..	..	2	....	20	34	2		58
Diphtheria	..	..	....	....	....	....	....		....
Erysipelas	..	..	....	....	1	2	....		3
Infantile Diarrhœa	..	..	8	14	484	109	5		620
Infective Hepatitis	..	..	....	1	11	12	1		25
Leprosy	..	..	....	....	27	14	8		49
Malaria	..	..	....	....	1	2	....		3
Puerperal Fever	..	..	....	....	11	19	....		30
Tetanus	..	..	....	1	17	11	2		31
Trachoma	..	..	....	2	34	1	2		39
Tuberculosis Pulmonary	..	..	1	6	139	40	20		206
Tuberculosis other forms	..	..	....	....	20	4	4		28
Gonorrhœa	..	..	19	8	123	77	5		232
Ophthalmia Neonatorum	..	..	....	....	1	....	....		1
Syphilis	..	..	1	1	1	20	....		23
Total	..	..	60	82	3,258	1,350	727		5,477

TABLE C.

NOTIFICATION OF INFECTIOUS DISEASES BY MONTHS FOR THE YEAR 1951.

Disease.	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Cerebro-Spinal Meningitis	1	..	..	2	..	1	..	..	..	..	1	..	5
Chicken Pox (Varicella)	1	2	2	10	22	9	21	26	11	15	32	7	158
Amœbic Dysentery	5	3	4	3	3	1	1	1	1	6	6	1	35
Bacillary Dysentery	7	16	15	15	15	5	16	12	5	1	3	4	114
Unclassified Dysentery	30	35	27	22	15	9	17	8	10	4	11	1	189
Influenza	746	238	145	785	127	139	211	180	98	86	93	432	3,280
Measles (Morbilli)	..	..	..	1	2	..	..	..	..	..	..	..	3
Measles (German)	..	..	..	..	..	..	..	..	..	..	..	..	..
Mumps	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	3	7	2	11	9	22	8	4	7	5	8	3	89
Para-Typhoid Fever	3	4	4	3	..	..	..	8	..	..	..	..	22
Whooping Cough	3	15	7	7	14	30	25	15	11	11	45	51	234
Dengue Fever	..	11	19	13	6	3	2	..	2	..	2	..	58
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	1	..	..	..	..	..	..	..	..	1	..	1	3
Infantile Diarrhœa	27	43	71	57	80	55	44	59	50	70	41	23	620
Infective Hepatitis	2	1	2	..	4	5	1	4	3	..	3	..	25
Leprosy	5	1	1	2	1	10	4	1	2	9	7	6	49
Malaria	..	..	..	..	..	1	..	1	1	..	..	..	3
Puerperal Fever	3	5	1	2	2	2	1	4	4	1	3	2	30
Tetanus	1	2	3	6	5	..	1	2	1	8	1	1	31
Trachoma	2	1	4	9	4	4	4	4	..	2	2	3	39
Tuberculosis Pulmonary	12	16	22	12	19	8	19	34	19	19	14	12	206
Tuberculosis Other Forms	1	1	2	3	1	..	2	7	4	1	5	1	28
Gonorrhœa	27	29	17	18	17	9	23	18	16	14	17	27	232
Ophthalmia Neonatorum	..	..	..	1	..	..	..	..	..	..	..	..	1
Syphilis	2	..	3	..	2	1	2	2	4	..	3	4	23
Total	882	430	351	982	348	143	402	390	249	253	297	579	5,477

APPENDIX IIIA.

FIJI LEPROSY HOSPITAL, MAKOGAI.

THE ACTING MEDICAL SUPERINENDENT, MAKOGAI TO THE DIRECTOR OF MEDICAL SERVICES, SUVA.
(ANNUAL REPORT FOR THE YEAR 1951.)

31st December, 1951.

I have the honour to forward the Annual Report for 1951 on the Fiji Leprosy Hospital, Makogai.

STAFF CHANGES.

Dr. C. J. Austin, O.B.E., completed his twenty-first year at Makogai as Medical Superintendent, being absent on a Leprosy Survey at the Island of Nauru from 18th October to 12th December. This survey was carried out under the auspices of the South Pacific Commission. During his absence Dr. P. G. Griffiths acted as Medical Superintendent.

Rev. Sister Mary Benigna, S.M.S.M., on completion of over 25 years devoted service at Makogai, left on 28th December, on recall to France. For many years she had been in charge of the Men's Hospital, and her faithful conduct of her many duties there will long be remembered. Her 25th Jubilee had been celebrated in Makogai in March.

Two new Sisters joined the Staff on 24th December. Both came from the United States, further increasing the American contingent amongst the Sisters. There was a total of 16 European Sisters on the Staff at the end of 1951.

Rev. Mother Mary Hilda completed a most successful first full year in succession to Rev. Mother Mary Agnes, who continues to live at Makogai in retirement.

TEACHING.

Assistant Medical Practitioner Leopino of Tonga completed two months' post-graduate training at Makogai; and all the final year Central Medical School students from territories other than Fiji received instruction in leprosy for periods of from two to three weeks each.

LEPERS' TRUST BOARD.

The Guest House at Nasau, provided by the New Zealand Lepers' Trust Board, was completed, and has already proved most useful.

A new Work Room, fully equipped with eight hand and four treadle sewing Machines, was completed in the Women's Compound. This also was provided entirely by funds from the Lepers' Trust Board.

Construction of a Technical School for Boys, also a gift from the Lepers' Trust Board, was commenced during the latter part of the year.

These special gifts were additional to the usual generous donations of money to the Patients' Comfort Fund, and the wonderful gift cases sent for Xmas, continuing a wide variety of presents for distribution to all the patients.

The deep gratitude of both Government and patients to the Board and to the people of New Zealand must again be recorded. It is difficult to imagine how Makogai could manage without the constant gifts received.

BOY SCOUTS.

A boy Scout Troop and Cub Pack were started during the year, and have proved most successful. Two adult patients have organized activities very well, and the boys have eagerly taken to scouting.

STATISTICS FOR THE YEAR.

TABLE 1—ADMISSIONS.
STATISTICS FOR THE YEAR 1951

	Total		Immediately Discharged		New Cases	Active Re-Admis.	Total Admissions Retained
	M.	F.	(a) re-admis. found not active	(b) Not Leprosy			
European	1	..	....	....	1*	....	1
Euronesian	2	1	....	....	3†	....	3
Indian	22	14	1	4	26	5	31
Fijian	17	8	1	2	20	2	22
Samoan	13	8	....	....	20	1	21
Cook Island	12	7	1	2	14	2	16
Melanesian	2	3	....	1	4	....	4
Gilbert-Banaban . .	2	1	....	....	3	....	3
	71	42	3	9			
	113		12		91	10	101

* Admitted from the Cook Islands. † Two of the Euronians were from Samoa, one from Fiji.

It will be seen that nine patients found not to have leprosy, and three patients re-admitted but found inactive, were immediately redischarged.
The 101 admissions retained are classified from the point of view of type and race in Table 2.

TABLE 2.

	Tuberculoid			Total Tuberc.	Lepromatous			Total Leprom.	Total all Types
	T-1	T-2	T-3		L-1	L-2	L-3		
European	1	..	..	1	..	..	..	..	1
Euronesian .. ..	..	..	..	..	..	3	..	3	3
Indian	3	12	..	15	1	15	..	16	31
Fijian	2	10	1	13	..	9	..	9	22
Samoan	2	2	..	4	1	16	..	17	21
Cook Island	3	10	..	13	..	3	..	3	16
Melanesian	1	3	..	4	..	..	..	..	4
Gilbert-Banaban .. ..	..	1	..	1	..	2	..	2	3
	12	38	1	51	2	48	..	50	101

The Samoan admissions again include a high proportion of Lepromatous cases—17 of a total of 21. By contrast, the Cook Island admissions continue to be predominantly Tuberculoid (13 out of 16).

It is sad to have to record that one patient from Fiji was admitted in the advanced stage III; he is a boy aged 11 from the Island of Kadavu, severely crippled by disease which he says he has had since he was 5 years old.

Fourteen per cent of the admissions were in stage I—a slight improvement on 1950's figure (12 per cent) but still below the average for the last ten years as shown in Table Three.

TABLE 3.
ADMISSIONS IN STAGE I, 1942-1951.

Year			Total Admissions	Number in Stage I	Percentage in Stage I
1942	..	..	58	24	41
1943	..	..	77	40	52
1944	..	..	85	14	16
1945	..	..	61	11	18
1946	..	..	91	29	32
1947	..	..	146	30	21
1948	..	..	73	14	19
1949	..	..	87	20	23
1950	..	..	75	9	12
1951	..	..	101	14	14
Totals	..		854	205	..

Average in Stage I:—24 per cent.

On the other hand, in the past ten years only 26 (or 3 per cent) out of the 854 admissions have been in stage III.

2. INCIDENCE OF LEPROSY.

Admissions (not including re-admissions) to Makogai probably represent the incidence of Leprosy in Fiji. As noted in previous Annual Reports, few cases of leprosy in Fiji fail to be admitted to Makogai.

The following table shows these admissions, and relates them to population figures:—

TABLE 4.
ADMISSIONS TO MAKOGAI 1911-1950, RELATED TO TOTAL POPULATIONS.

Five Years Period			FIJIANS			INDIANS		
			Fijian Admissions	*Total Population Fijians	Rate per 1,000/ annum	Indian Admissions	*Total Population Indians	Rate per 1,000/ annum
1911-15	..	..	141	87,000	0.32	168	40,000	0.84
1916-20	..	..	107	91,000	0.24	146	59,000	0.49
1921-25	..	..	84	85,000	0.19	104	61,000	0.34
1926-30	..	..	111	89,000	0.25	207	69,000	0.60
1931-35	..	..	71	93,000	0.15	184	76,000	0.48
1936-40	..	..	95	98,000	0.19	157	85,000	0.37
1941-45	..	..	68	107,000	0.13	134	102,000	0.26
1946-50	..	..	71	117,000	0.12	132	120,000	0.22

* In each case the population figure is for the first year of the five year period, e.g. for 1911, 1916, 1921, etc.

Chart to illustrate Performance of Registry,
18 months ending 31.12.51. Of 165 patients
up to 5 years overdue, all but sixteen have
been located and seen.

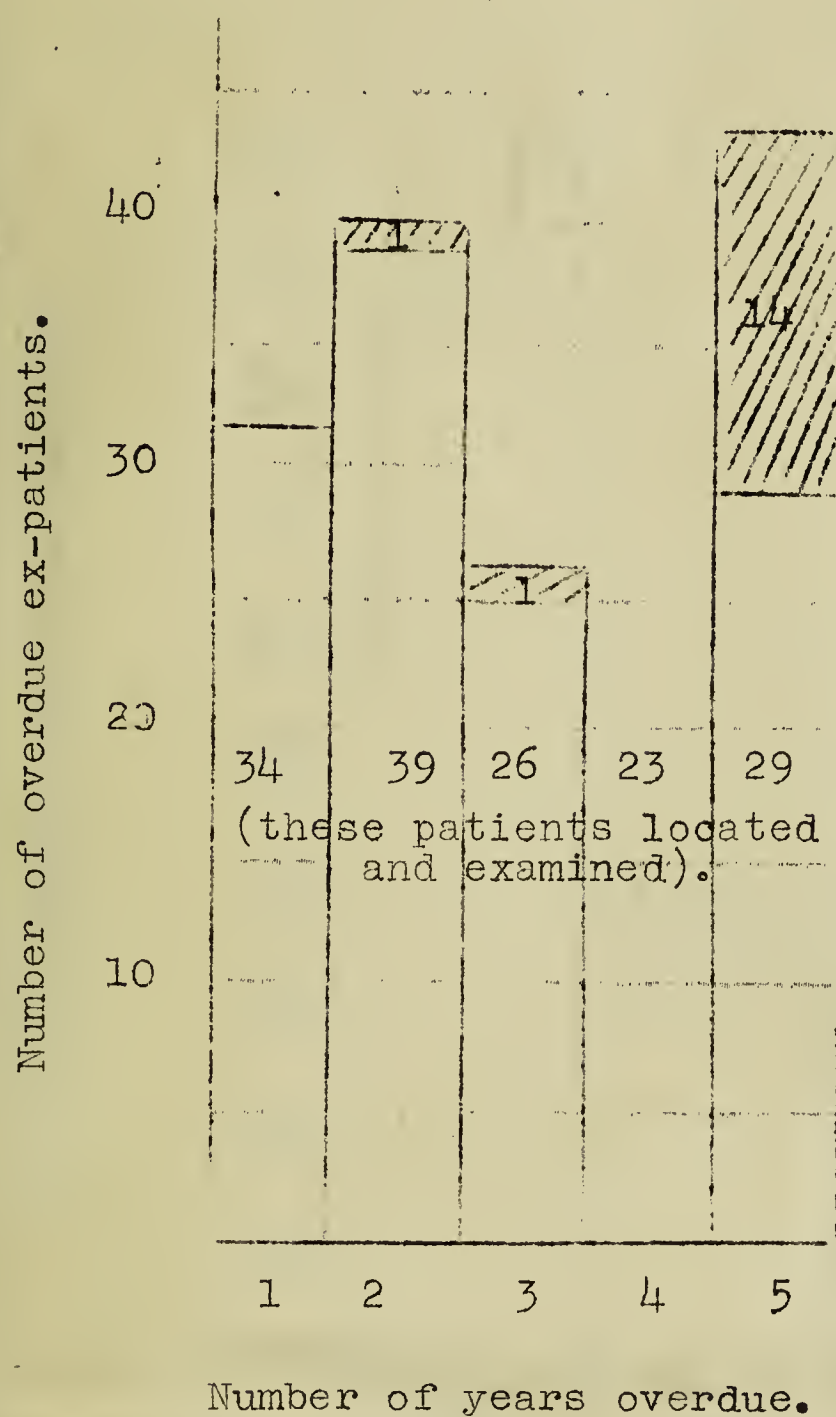


Figure 1.

CHART to illustrate Reduction in Missed Reviews of Patients, by the working of the Central Leprosy Registry. 334 reduced by 57% to 145.

Quarterly numbers of Missed Reviews.



Figure 2.

Outstanding is the marked reduction in incidence in both races since the period 1911 to 1915:

- (a) from 0·84/1,000 to 0·22/1,000 in the Indians.
- (b) from 0·32/1,000 to 0·12/1,000 in the Fijians.

It is considered that this reduction in the incidence of the disease is largely due to the policy of segregation and treatment at a Central Leprosy Hospital.

The more rapid decrease of incidence amongst the Indians as compared to the Fijians may be due to their more rapid improvement in social and educational conditions since 1911. There has been no significant change in the social conditions of the Fijians in the period 1911–1950, but the Indians' living conditions have enormously improved during that time.

It is less easy to explain the jump in incidence in both races in the period 1926–1930; perhaps it may be related, in view of the usually long incubation period of leprosy, to the great Influenza epidemic of 1919?

INCIDENCE RATE, 1951.

				Fijians.	Indians.
Populations, 31/12/1950	..	..	..	130,000	138,000
New admissions, 1951	..	..	..	20	26
Rate per 1,000 per annum	..	..	..	0·15	0·19

The figures for any one year are naturally less reliable than those for five year periods, as the numbers involved are so small. Sufficient to note that these rates are not higher than might be expected when compared to the five-year rate for 1946–1950 (0·12 Fijians, 0·22 Indians).

3. GENERAL STATISTICS.
Table five shows Statistics for the patients as a whole.

TABLE 5.
STATISTICS FOR THE YEAR 1951.

	Euro- pean		Euro- nesian		Solomon Islander		Fijian		Indian		Chinese		Rotuman		Samoan		Niue Islander		Cook Islander		Tongan		Gilbert Islander		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
In Hospital, 1st January, 1951	2	2	13	7	13	5	82	54	201	59	5	..	6	4	45	25	3	3	31	15	22	12	51	34	474	220
Admissions	1	..	2	1	2	3	17	8	22	14	..	..	..	..	13	8	..	..	12	7	..	..	2	1	71	42
Deaths	1	1	..	..	1	..	4	..	6	4	..	..	..	..	2	..	..	..	..	..	..	..	4	1	17	7
Conditional Discharges	..	..	..	1	..	..	15	5	40	14	..	..	..	..	..	..	..	..	2	2	..	..	3	1	60	23
Unconditional Discharges	..	..	..	..	1	..	2	1	4	1	..	..	..	..	1	..	..	..	2	..	1	..	..	..	11	2
In Hospital, 31st December, 1951	2	1	15	7	13	8	78	56	173	54	5	..	6	4	55	33	3	3	39	20	21	12	46	33	457	230
Totals	3		22		21		134		227		5		10		88		6		59		33		79		687	

4. PROGRESS.

Table six shows the progress of the 791 patients treated at Makogai during the year. Their number is made up as follows:—

In Hospital 1st January, 1951	..	..	..	..	694
Less 4 of these patients unconditionally discharged	..	..			4
					690
Plus 101 admissions retained	..	..	..	..	101
					791

TABLE 6.

	Arrested	Quiescent	Improved	I.S.Q.	Deteriated	Dead	Admitted less than 6 months	Total
European .. ..	....	....	2	1	....	2	....	5
Euronesian . . .	1	6	5	10	....	....	....	22
Indian	53	52	96	38	27	10	14	290
Fijian	20	46	35	31	10	4	11	157
Samoan .. ..	....	18	29	32	9	2	....	90
Gilbertese .. .	4	17	21	27	11	5	3	88
Cook Island . .	3	19	13	20	5	....	2	62
Tongan .. ..	....	14	8	8	3	....	....	33
Melanesian .. .	....	7	6	7	1	1	1	23
Rotuman .. ..	....	1	8	1	....	....	....	10
Niue Island . .	....	1	2	2	1	....	....	6
Chinese .. ..	....	....	....	3	2	....	....	5
Totals	81	181	225	180	69	24	31	791
Percentage .. .	10	23	28	25	9	3	4	....

This summary shows that 487 patients, or 61 per cent of the total, were Arrested, Quiescent, or Improved by 31/12/51. In addition, many of the patients classified as “ I.S.Q.” had improved on Sulphone therapy, but remain bacteriologically positive; the change to non-infectivity is as slow here as reported elsewhere.

Only nine per cent had deteriorated during the year. These heartening figures are due in great part to the efficacy of the Sulphone Drugs.

5. TYPE AND STAGE OF DISEASE ACCORDING TO RACE.

TABLE 7.

TYPE AND STAGE OF DISEASE BY RACE, IN THE 791 PATIENTS—TREATED DURING 1951.
(THE STAGE IS THAT ON 1ST JANUARY, 1951.)

Race	TUBERCULOID			LEPROMATOUS			Total
	T-1	T-2	T-3	L-1	L-2	L-3	
European	1	1	....	....	2	1	5
Euronesian .. .	....	2	1	2	17	....	22
Indian . . .	18	68	4	55	119	26	290
Fijian	9	69	6	2	61	10	157
Samoan	5	15	....	10	50	10	90
Gilbertese .. .	7	14	1	4	49	13	88
Cook Island ..	10	24	1	2	20	5	62
Tongan . . .	1	14	4	....	12	2	33
Melanesian .. .	1	9	1	3	7	2	23
Rotuman .. ..	....	2	....	....	6	2	10
Niue Island ..	1	1	....	....	1	3	6
Chinese . . .	....	1	....	....	3	1	5
Totals	53	220	18	78	347	75	791

Summarized according to type only, the figures are, for the larger racial groups:—

TABLE 8.

Race			Tuberculoid		Lepromatous	
				%		%
Indian	..	..	90	31	200	69
Fijian	..	..	84	54	73	46
Samoan	..	..	20	22	70	78
Gilbertese	..	..	22	25	66	75
Cook Island	.	..	35	56	27	44
Tongan	..	..	19	58	14	42
			270	37.5%	450	62.5%

The usual striking difference in type distribution according to races is seen; varying from 78 per cent Lepromatous in Samoans to only 42 per cent in Tongans.

6. DISCHARGES.

TABLE 9.
TYPE AND STAGE ON ADMISSION.

Race	TUBERCULOID			LEPROMATOUS			Totals
	T-1	T-2	T-3	L-1	L-2	L-3	
Indian . . .	7	23	..	6	17	..	53
Fijian .. .	5	14	..	..	1	..	20
Gilbertese .. .	..	4	..	..	..	..	4
Cook Island .. .	1	2	..	..	..	..	3
Euronesian .. .	..	..	..	..	1	..	1
Totals .. .	13	43	..	6	19	..	81*
	56=69%			25=31%			

* The apparent discrepancy from the figure given in Table five (83) is due to 2 immediate conditional redischarges of patients found inactive on admission, and not included here.

As usual, the greater part of the patients discharged (69 per cent), were suffering from the Tuberculoid type on admission. Figures for recent years show an increase in the percentage of Lepromatous cases discharged: viz.1948.. .. 6.8 per cent
1949 8.5 „
1950 29 „
1951 31 „

This proportion may change further in the future, when the Sulphones have been in use longer.

In view of an improvement in the follow-up of patients conditionally discharged in Fiji, due to the establishment of a Central Leprosy Register, in 1951 the period of quiescence demanded before discharge has been reduced from two to one year. This new Regulation applies only to patients from Fiji.

The very high discharge rate for 1951 is largely accounted for by this decision.

Out of the 81 discharges, 52 had been quiescent for less than two years before discharge. Under the old Regulations, only 29 patients would have been discharged during the year.

It is hoped that the patients discharged will be able to continue a maintenance dose of one of the sulphone drugs, especially in the case of the lepromatous cases; so many of these cases have been seen clinically and bacteriologically negative at Makogai for periods up to a year (and sometimes more), only to relapse into bacteriological activity again, even (in some cases) under continued treatment with Sulphones. If, then, such patients do not continue with maintenance therapy, it is to be expected that some of the lepromatous discharged patients may suffer recrudes-
cence of the disease, and once more become infective to others. Such a recrudescence is often only to be detected early by careful examination of smears, and only later by clinical examination.

7. DISCHARGES AND THE SULPHONE COMPOUNDS.

The Sulphone Compounds have now been in use at Makogai since the end of 1948 (over three years), but by no means all of the 81 discharges can be claimed to be due to this form of treatment.

Of the 81, 38 had Chaulmoogra treatment only, leaving 43 who had Sulphone therapy—
“ Sulphetrone ” in each case.

Of these 43, in 15 arrest appears to be directly due to “ Sulphetrone ” therapy.

In 9, quiescence had occurred before commencement of Sulphetrone therapy, and no claim can therefore be made.

In 11, arrest appears to have been at least partly due to Sulphetrone therapy.

In 2, clinically inactive but bacteriologically positive at onset of Sulphetrone therapy, Sulphetrone appeared to be responsible for bacteriological inactivity.

Six cases were mild and tuberculoid; many such cases frequently did well without Sulphetrone therapy.

To sum up: in 28 patients it appears highly likely that arrest was due to, or partly due to, Sulphetrone therapy.

8. DEATHS.

TABLE 10.

There were 24 deaths during the year, as follows:—

Race	TUBERCULOID			LEPROMATOUS			Totals
	T-1	T-2	T-3	L-1	L-2	L-3	
Indians	1	..	..	9	..	10
Fijians	1	1	..	2	..	4
Gilbertese	1	..	..	3	1	5
Samoan	1	1	..	2
Melanesian	1	..	..	..	..	1
European	1	..	..	..	1	2
Totals	5	1	1	15	2	24

The following were the causes of death:—

Advanced leprosy	3
Septicaemia—leprosy	1
Chronic nephritis—leprosy	6
Amyloidosis—leprosy	3
	—13
Abdominal Tuberculosis	1
Pulmonary Tuberculosis	2
Renal Tuberculosis	1
	— 4
Pneumonia	1
Cerebral haemorrhage	1
Hypertensive cardiac failure	3
Tetanus	1
Diabetic coma	1
	— 7

Thirteen of the 24 deaths were due to leprosy, four to tuberculosis, and seven to conditions common in any population.

9. TREATMENT.

A brief statement on methods in use follows:—

By 31st December, 1952, the following drugs were in use:—

TABLE 11.

Drug	Number of Patients receiving each drug
Sulphetrone	350
Diamino Diphenyl Sulphone (D.A.D.P.S.)	231
Thiacetazone	29
Ethizone	11
Diamidin	3
Chaulmoogra Oil	42
Nil	21

Present policy is to use D.A.D.P.S. as the main method of treatment, not primarily because it is thought to be superior to Sulphetrone, but because it is so much cheaper. It has to be added that some patients in whom Sulphetrone produced toxic reactions, are able to take an adequate dose of D.A.D.P.S.

Thiacetazone appears to be even less toxic, and is being used primarily in patients who developed either mental symptoms or exfoliative dermatitis under treatment with Sulphetrone.

The groups receiving Ethizone and Diamidin are too small for useful conclusions yet to be offered.

In 1951, anaemia has not been a problem with any of these drugs. This is in marked contrast with experience elsewhere.

To date, leprotic reaction has been regarded as an indication for stopping treatment until the reaction has ceased; the best indices of oncoming reaction appear to be change in general condition and loss of weight.

Loss of weight is regarded, in general, as an indication for reduction in dosage or for temporary cessation of exhibition of the drug; but almost all patients have shown a progressive increase or a steady maintenance of weight. Possibly adequate diet led to this and to the absence of anaemia amongst patients here.

In addition to exfoliative dermatitis, four patients developed urticaria, which disappeared on changing the drug given to Thiacetazone.

A generalized erythema has also been seen on several occasions, and was relieved by a change of drug to Thiacetazone.

GENERAL CARE.

Every patient is under regular clinical survey, regular haemoglobin estimation, is weighed monthly, and seen also immediately at any report of the least suspicion of any toxic reaction. It is again emphasized that the low frequency of toxic effects at Makogai is believed to be due only to careful supervision, and to a policy of reducing dosage or temporarily ceasing administration whenever toxic reactions appear to be commencing. Loss of weight in particular appears to be the best early indication of undue susceptibility to the toxic effect of the drugs.

DOSAGE SCHEDULES.

The following summarizes dosages aimed at; they are naturally subject to variation according to weight and to the patients' individual clinical condition.

Sulphetrone	0.5 G. daily	3.0 G. daily
D.A.D.P.S.	0.1 twice weekly	0.2 G. daily
Thiacetazone	0.025 G. daily	0.15 G. daily
Ethizone	0.25 G. daily	Not yet determined
Diamidin	0.33 G. daily	0.99 G. daily

All the above drugs are given orally, six days out of seven, and three weeks out of four.

It will be seen that some 21 patients received no special treatment in 1951. These patients were all in very poor general condition, or in continual or recurrent severe reaction and not considered well enough to stand any Sulphone therapy.

The 42 patients receiving Chaulmoogra Oil therapy were all suffering from mild or quiescent tuberculoid leprosy, and chose this form of treatment at their own request. All are now (1952) receiving Sulphone therapy.

MORALE.

The spirit of the patients continues high. Now that we have no terribly ulcerated patients, now that the great majority are feeling well in themselves, and able to work and play; now that they can all see that most of their fellows are obviously steadily improving; for all these reasons they have good cause to be of good heart. This change is due to the beneficial effect of the Sulphone compounds, and Makogai is a place of high optimism, happiness, and generally good morale.

VISITORS.

Visitors during the year included:—the Minister of State for the Colonies (Mr. J. Dugdale), who was accompanied by the Colonial Secretary (the Hon. A. F. R. Stoddart), Lady Freeston; the Principal Medical Officer, Colonial Office (Dr. Pridie); Hon. Dr. J. M. Cruikshank, O.B.E., Inspector-General of the South Pacific Health Service; Sir Henry Scott, K.C., Chairman, and Mr. W. E. Donovan, K.S.G., Secretary, of the Lepers' Trust Board (Fiji) Inc.; The Resident Commissioner of the Cook Islands Administration; the Senior Medical Officer, Cook Islands Administration (Dr. Davies); the Commissioners of Scouts from both Great Britain and New Zealand; the Reverend Father A. M. Cyr (Superior-General of the Society of Mary), and the Right Reverend Bishop V. Foley, S.M.; the Reverend Mother Mary Joan of Arc, Superior-General, S.M.S.M.

P. G. GRIFFITHS,
Acting Medical Superintendent.

APPENDICIES.

Appendix I—Daily Average for the Different Administrations for the Year.

II—Summary of Statistics for 1911–1951.

III—Therapeutic and Laboratory Procedures.

IV—Rainfall.

TABLE I.

DAILY AVERAGE FOR THE DIFFERENT ADMINISTRATIONS FOR THE YEAR 1951.

New Zealand—					
European ..	..	..	..	..	0.47
Samoan ..	..	..	..	..	0.72
Cook Islander ..	..	..	..	..	0.03
Niue ..	..	..	..	..	1.00
					2.22
Western Samoa—					
Euronesian ..	..	..	..	..	10.00
Chinese ..	..	..	..	..	1.00
Melanesian ..	..	..	..	..	1.00
Samoan ..	..	..	..	..	57.99
					69.99
American Samoa—					
Euronesian ..	..	..	..	..	3.00
Samoan ..	..	..	..	..	22.95
					25.95
Cook Islander—					
Euronesian ..	..	..	..	..	1.00
Cook Islanders ..	..	..	..	..	54.76
Niue Islanders ..	..	..	..	..	5.00
					60.76
Tonga—					
Tongan ..	..	..	..	..	33.13
Gilbert Islands—					
European ..	..	..	..	..	1.00
Euronesian ..	..	..	..	..	1.52
Chinese ..	..	..	..	..	1.00
Gilbert Islanders ..	..	..	..	..	70.52
					74.04
Fiji—					
European ..	..	..	..	..	2.12
Euronesian ..	..	..	..	..	4.98
Chinese ..	..	..	..	..	3.00
Melanesian ..	..	..	..	..	19.59
Rotuman ..	..	..	..	..	10.00
Samoan ..	..	..	..	..	1.00
Banaban Islanders ..	..	..	..	..	9.29
Indians ..	..	..	..	..	257.92
Fijians ..	..	..	..	..	139.45
					447.35
					713.44

TABLE II.
SUMMARY OF STATISTICS FOR 1911—1951.

	Europeans.	Euronesians.	Solomon Islanders.	Fijians.	Indians.	Chinese.	Rotumans.	Samoans.	Niue Islanders.	Cook Islanders.	Tongan.	Gilbert Islanders	Maoris.	Total.
Admissions ..	23	51	214	883	1,351	26	103	147	15	273	64	195	4	3,349
Repatriations ..	1	..	..	..	435	..	..	..	..	..	..	..	..	436
Discharges ..	5	16	66	361	372	6	57	25	2	145	14	39	1	1,109
Deaths ..	14	15	127	388	317	15	36	32	7	69	17	77	3	1,117
Totals ..	3	20	21	134	227	5	10	90	6	59	33	79	..	687

It will be noted that of the 3,349 patients admitted, 1,109 have been discharged, this equals 33·3 per cent.

TABLE III.
1951

	INJECTIONS.								Patients Dressed.	Dressings.	Operations.	Post-Mortem.	X-rays.	Pneum. thor. and peritoneum.	LABORATORY EXAMINATIONS.								Visitors.
	Ant. Tart.	Chaulm. Oil.	Fluor.	Vit. Br.	Insul.	Pen.	Various.	Totals.							Urine Analys.	Bacter. Exam.	Helminth.	HB. Examin.	Blood Ct.	B.S.R.	Blood Sugar.	Totals.	
Jan. .	7	258	26	141	50	222	114	818	3,774	5,882	1	..	51	..	152	97	..	417	12	..	..	678	
Feb. .	23	254	22	148	23	93	314	877	3,104	7,688	12	..	62	..	134	225	4	311	18	..	..	692	3
March	28	55	18	156	54	104	168	583	3,999	6,174	..	..	23	..	146	243	..	476	11	..	..	876	5
April .	6	182	26	234	67	12	142	669	3,757	5,695	3	..	75	..	170	181	38	261	9	..	..	659	4
May .	19	237	12	264	38	63	212	845	3,876	5,882	4	..	63	..	220	286	52	421	8	..	..	987	10
June .	45	162	11	156	102	51	223	750	3,604	5,787	4	..	50	..	146	208	29	211	8	..	..	602	..
July .	33	156	33	190	63	160	341	976	3,978	5,454	8	..	8	..	126	350	16	418	5	..	..	915	8
Aug. .	50	165	56	190	17	81	158	717	3,570	3,706	3	..	38	..	132	468	28	217	8	4	..	857	13
Sept. .	69	138	..	215	14	74	212	722	3,332	5,151	6	1	63	2	155	325	..	385	13	2	6	886	2
Oct. .	67	212	13	233	1	154	323	1,003	3,816	5,310	16	..	59	10	179	390	..	252	29	4	..	854	1
Nov. .	43	108	16	243	1	159	209	779	3,349	4,947	10	1	88	7	223	231	28	362	21	12	..	877	3
Dec. .	108	46	..	161	12	132	252	711	3,924	6,246	..	..	29	..	157	250	..	274	2	..	..	683	17
Totals	498	1,973	233	2,331	442	1,305	2,668	9,460	44,083	67,922	67	2	609	19	1,940	3,254	195	4,005	144	22	6	9,566	66

TABLE IV.
RAINFALL DURING THE YEAR 1951.

Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
5·74	9·48	19·17	5·51	3·59	2·36	2·17	0·93	6·59	5·45	0·50	3·02	64·51

APPENDIX IV.

VITAL STATISTICS.

THE ESTIMATED POPULATION AT THE END OF 1950 AND 1951.

Race	Males 1951	Females 1951	Total 1951	Total 1950	Increase	Increase per cent	Decrease	Decrease per cent
Europeans	3,560	2,667	6,227	6,501	....	....	274	4.21
Euronesians . . .	3,660	3,423	7,083	6,902	181	2.62	....	....
Fijians	67,506	65,383	132,889	129,896	2,993	2.30	....	....
Rotumans	1,942	1,851	3,793	3,669	124	3.38	....	....
East Indians .. .	76,258	67,074	143,332	138,425	4,907	3.54	....	....
Polynesians . . .	2,638	1,762	4,400	4,340	60	1.38	....	....
Chinese	2,476	1,105	3,581	3,379	202	5.98	....	....
Others	350	304	654	652	2	.30	....	....
Total	158,390	143,569	301,959	293,764	8,469	2.88	274	.09

THE NUMBER OF BIRTHS RECORDED DURING THE LAST FOUR YEARS.

Race	1948	1949	1950	1951	Crude birth-rate per 1,000, 1951
Europeans	117	106	131	108	17.34
Euronesians . . .	234	237	232	239	33.74
Fijians	4,512	4,500	4,821	4,575	34.42
Rotumans	157	162	150	185	48.77
East Indians .. .	6,012	5,606	5,882	6,056	42.25
Polynesians . . .	144	124	161	143	32.50
Chinese	35	94	137	134	37.42
Others	102	18	3	1	1.53
Total	11,313	10,847	11,517	11,441	37.88

The Crude birth rate in 1950 was 39.20.

THE NUMBER OF DEATHS RECORDED DURING THE LAST FOUR YEARS.

Race	1948	1949	1950	1951	Crude death-rate per 1,000, 1951
Europeans	31	35	32	33	5.29
Euronesians . . .	45	55	42	58	8.18
Fijians	1,798	1,894	1,599	1,659	12.48
Rotumans	73	68	68	61	16.08
East Indians .. .	1,178	1,369	1,383	1,252	8.73
Polynesians . . .	109	74	81	69	15.68
Chinese	19	11	24	18	5.02
Others	5	5	1	....	....
Total	3,258	3,511	3,230	3,150	10.43

The crude death rate in 1950 was 11.00.

THE MARRIAGES, BIRTHS, DEATHS AND NATURAL INCREASE FOR 1951.

Race	Marriages	Births	Deaths	Increase	Increase per 1,000.
Europeans	38	108	33	75	11.53
Euronesians . . .	59	239	58	181	26.22
Fijians	886	4,575	1,659	2,916	22.45
Rotumans	47	185	61	124	33.80
East Indians .. .	1,214	60,56	1,252	4,804	34.70
Polynesians . . .	26	143	69	74	17.05
Chinese	8	134	18	116	34.33
Others .. .. .	....	1	....	1	1.53
Total	2,269	11,441	3,150	8,291	28.22

TABLE OF INFANT AND CHILD DEATHS, 1951.

Race	Years					Total
	Under 1 year	1 and under 2	2 and under 3	3 and under 3	4 and under 5	
Fijians	309	177	55	28	17	586
Indians	300	29	19	11	6	365

INFANTILE MORTALITY.

Race	No. of births	No. of deaths under 1 year	Rate per 1,000 births
Fijians	4,575	309	67·54
Indians	6,056	300	49·53

APPENDIX V.
OUT-PATIENTS, 1951.

Race	Hospitals				Dispensaries	
	C.W.M.H.	3 District Hospitals	14 Rural Hospitals	Tamavua	Rural Dispensaries	Totals 1951
Europeans and P.M.E.N.D.* ..	6,541	1,018	2,081	138	842	10,620
Fijians	28,357	12,842	64,542	22,17	120,359	228,317
Indians	34,232	22,027	35,047	1,098	36,885	129,289
Chinese and Others	5,876	3,728	1,992	389	3,225	15,210
Total ..	75,006	39,615	103,662	3,842	161,311	383,436

* Persons of Mixed European and Native Descent.

APPENDIX VI.
HOSPITALS AND DISPENSARIES—BEDS AND ADMISSIONS, 1951.
IN-PATIENTS—RACIAL DISTRIBUTION.

Hospitals	Beds	Occupied beds, daily average	Admis- sions, 1951	Race	C.W. M.H.	Lau- toka	Le- vuka	La- basa	Tama- vua	Total
General Hospital, C.W.M.H. Suva	275	200·3	4,376	Europeans and P.M.E.N.D.* ..	314	214	12	12	10	562
Tamavua Tuberculosis Hos- pital, Suva	256	232	247	Fijians	1,545	625	412	92	150	2,824
Three District Hospitals ..	210	179·2	4,539	Indians	2,086	2,203	87	563	62	5,001
				Chinese and Others	431	229	74	16	25	775
Fourteen Rural Hospitals ..	365	267·2	9,162							
Total ..	1,106	878·7	17,349	Total ..	4,376	3,271	585	683	247	9,162

* Persons of Mixed European and Native Descent.

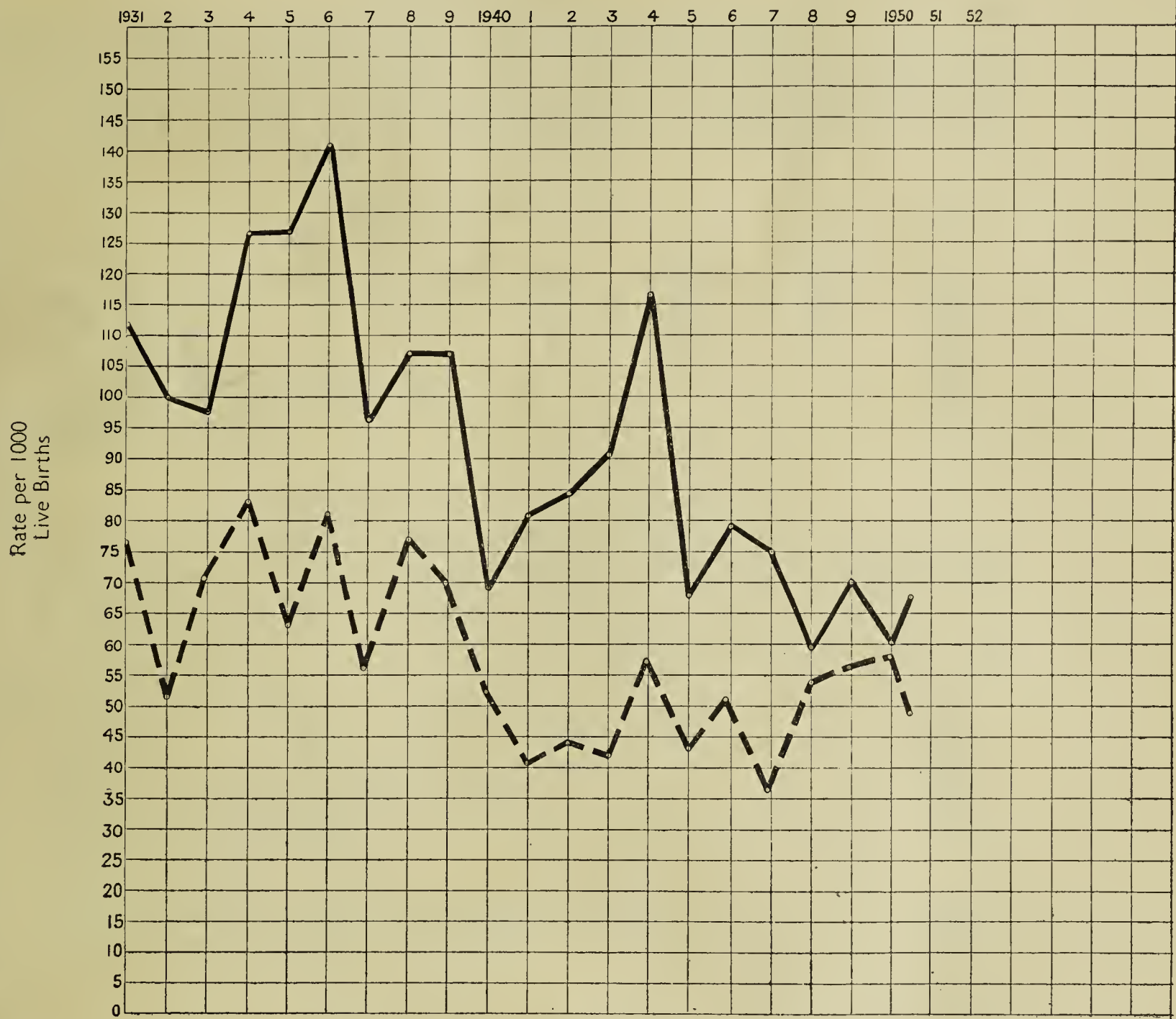
INFANT MORTALITY, CRUDE BIRTH AND DEATH RATES

FIJIANS AND INDIANS

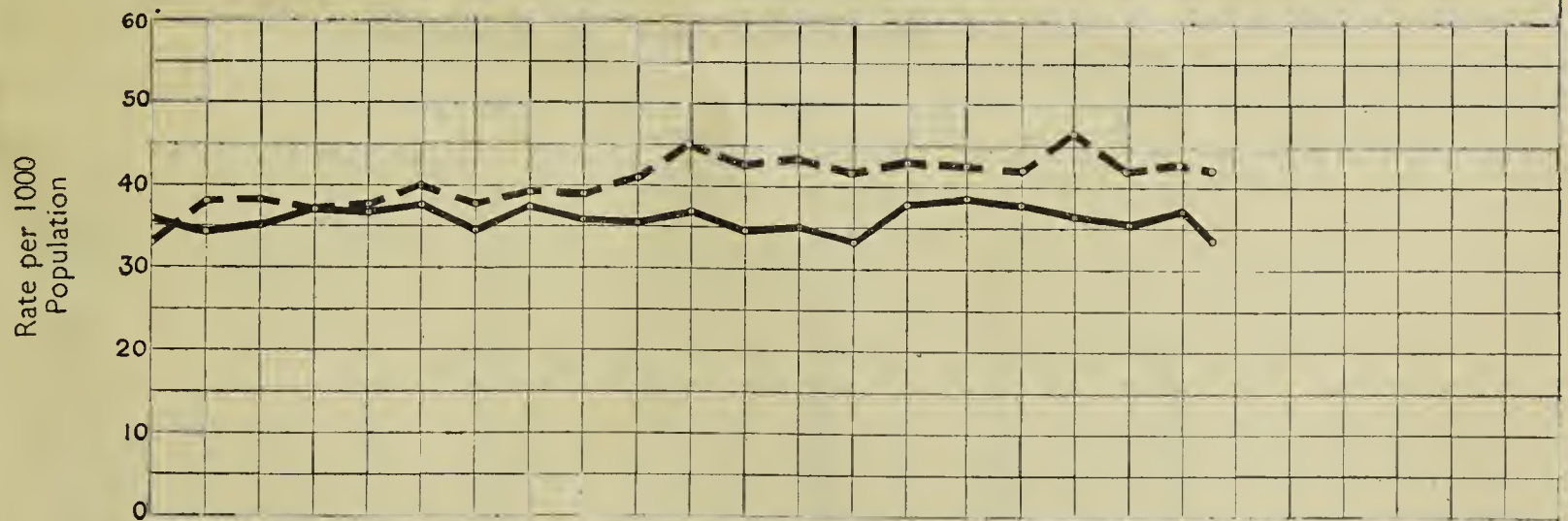
From 1931

Fijians ————— Indians - - - - -

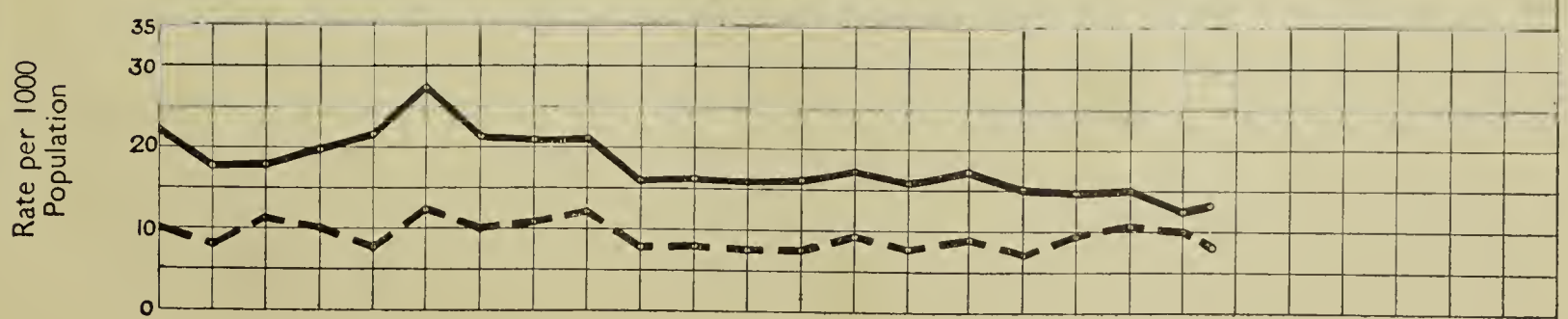
INFANT MORTALITY



CRUDE BIRTH RATES



CRUDE DEATH RATES



APPENDIX VII.

TAMAVUA HOSPITAL ANNUAL REPORT, 1951.

INTRODUCTION.

Tamavua Hospital, which was opened for tuberculosis patients on February 5th, 1946, entered its sixth year as the Tuberculosis Sanatorium for the Colony of Fiji.

2. Patient's accommodation comprises five wards with a total of 256 beds. All five wards were in full operation throughout 1951. Each ward consists of a main room, divided into five cubicles; each cubicle containing ten beds. The verandahs on two adjacent sides of each main ward are reserved as recreation space for convalescent patients.

RETURN AND STATISTICS.

3. In hospital on 1st January, 1951	..	..	..	..	..	..	238
	<i>Europ.</i>	<i>Part-Europ.</i>	<i>Fijians</i>	<i>Indians</i>	<i>Others</i>		
No. of Admissions	1	9	128	58	24		220
No. of Discharges	.	2	84	24	8		118
No. of Deaths	..	5	56	18	7		86
In hospital on 31st December, 1951	..	..	..	..	..	..	254
Daily average Number of In-patients	.	..	..	..	..	..	232
Old cases re-admitted	..	..	..	..	..	..	27

II—TUBERCULOSIS OUTPATIENT DEPARTMENT.

4. The Tuberculosis Outpatient Department comprises the following:—

- (1) the follow-up of people who have been treated at Tamavua Hospital and discharged;
- (2) the follow-up of patients, radiologically diagnosed as tuberculosis who have not been in-patients; and
- (3) the reading of X-rays which are sent to the hospital from other parts of the Colony.

The returns are as follows:—

	<i>Euro.</i>	<i>Part-Europ.</i>	<i>Fijian</i>	<i>Indian</i>	<i>Other</i>	<i>Total</i>
Follow-ups	.. 19	27	357	170	41	614
Total No. of X-ray films examined	..	..	..	..	..	3,342
Films from Colonial War Memorial Hospital	.	..	..	..	..	1,548
Films from Lautoka Hospital	..	..	..	..	..	768
Films from Labasa Hospital	..	..	..	..	..	158
Films from Nukualofa, Tonga	.	..	..	..	..	1
Films from Makogai	..	..	..	..	..	1
Tamavua Hospital outpatients including staff X-rays	..	..	..	..	..	1,170
Total No. showed evidence of tuberculosis	..	..	..	..	..	1,913

OUTPATIENTS ATTENDING FOR REVIEW.

	European	Part European	Fijian	Indian	Others
January	1	2	26	11	2
February	1	3	17	7	1
March	5	1	23	8	4
April	1	....	36	13	....
May	1	3	29	10	4
June	1	....	15	13	8
July	1	2	34	16	3
August	1	3	20	18	2
September	2	3	22	9	2
October	....	....	45	28	6
November	1	7	42	18	2
December	4	3	48	19	7
Total	19	27	357	170	41

X-RAY SEEN IN 1951.

	C.W.M.H.	Tamavua	Lautoka	Labasa	Makogai	Tonga	Total
January	232	....	84	5	....	....	321
February	208	....	40	....	....	....	248
March	313	....	12	14	....	1	340
April	213	29	57	....	....	....	299
May	51	121	88	15	....	....	275
June	159	92	52	8	....	....	311
July	158	115	53	19	1	....	346
August	99	93	49	30	....	....	271
September	23	105	71	15	....	....	214
October	30	111	77	10	....	....	228
November	23	95	103	31	....	....	252
December	39	105	82	11	....	....	237
Total	1,548	866	763	153	1	1	3,342

III—TAMAVUA HOSPITAL X-RAY DEPARTMENT.

5. The X-ray Department was not in operation during January, February and March due to a fault in the high tension coils. These coils had been sent to New Zealand for repair. They were returned to the Colony at the end of March.

RETURNS AND STATISTICS.

6. Total Number of persons X-rayed during the year 1951—1,694.

			<i>Europ.</i>	<i>Part-Europ.</i>	<i>Fijian</i>	<i>Indian</i>	<i>Other</i>
In-patients	..	..	1	18	297	142	33
Out-patients	..	..	31	32	634	244	37
Staff	..	..	17	2	161	12	..

				Fijians			Indians			Europeans			P/Europeans			Rotumans			Others			Total
				IP.	OP.	Staff	IP.	OP.	Staff	IP.	OP.	Staff	IP.	OP.	Staff	IP.	OP.	Staff	IP.	OP.	Staff	
January	..	}	Machine not in working order.																			
February	..																					
March	..																					
April	..	..		7	24	1	16	2	1	..	4	1	1	..	1	..	..	..	..	..	58
May	..	..		43	72	12	16	29	..	..	3	4	2	7	..	2	2	1	4	2	199
June	..	..		13	69	11	7	17	..	..	1	3	2	1	..	121	2	..	2	5	134
July	..	..		21	127	7	5	33	..	..	2	2	3	5	..	1	1	..	2	9	218
August	..	..		32	46	1	12	43	1	..	5	..	1	6	..	3	1	..	3	8	162
September	..	..		41	34	47	17	19	2	..	3	2	2	2	1	2	..	1	3	4	180
October	..	..		43	35	47	22	28	4	..	..	4	4	..	..	1	2	1	6	6	203
November	..	..		50	116	16	16	43	3	..	3	1	..	10	..	2	1	2	7	1	271
December	..	..		47	111	19	31	30	1	1	8	2	3	1	..	4	3	..	6	2	269
Total		297	634	161	142	244	12	1	31	17	18	32	2	16	12	5	33	37	..	1,694

IV—NON-TUBERCULOSIS OUTPATIENT DEPARTMENT.

7. This is a small sick-bay which supplies the needs of the hospital staff and the people living close to Tamavua, i.e. Tamavua village, Tacirua village and the Indians within a two miles radius of the hospital. The returns are as follows:—

Minor operations	43
Number of dressings	1,227
N.A.B.	38
Sobita	40
Blood taken for kahn test	10
Various—A.T.S., 36; Penicillin, 15.	

V—DISPENSARY.

8. A small dispensary, to suit the needs of this hospital, is situated in the entrance to the Recreation Hall. Supplies are obtained weekly from the main Pharmacy and are issued to the wards and tuberculosis and non-tuberculosis outpatient departments.

DISPENSARY OUTPATIENTS RETURN.

Month	Fijians	Indians	Others	Total
January	85	64	39	188
February . . .	114	37	16	167
March	69	29	18	116
April	96	84	28	208
May	84	55	18	157
June	91	66	28	185
July	82	67	30	179
August	80	49	27	156
September ..	100	46	26	172
October	100	65	22	187
November ..	82	66	30	178
December ..	80	56	29	165
Total	1,063	684	311	2,058

VI—IN AND OUTPATIENTS' COLLAPSE THERAPY REFILLS.
MINOR OPERATIONS AND PLASTERS.

Month	Artificial Pneumothorax		Pneumo- peritoneum		Aspira- tion	Aspira- tion with air replace- ment	Phrenic Crush	Plaster of Paris	Circum- cision	Absce
	Initial	Refill	Initial	Refill						
January	10	109	9	379	3	..	11	9	..	..
February .. .	1	74	6	314	..	1	4	12	..	..
March	5	77	12	284	..	..	..	9	1	..
April	8	71	5	318	..	8	6	8	1	..
May	1	65	5	413	..	9	..	7	..	1
June	1	65	5	413	6	3	..	7	..	..
July	2	56	5	372	3	1	2	7	..	..
August	5	70	17	384	..	..	2	10	..	..
September . .	1	51	4	397	..	..	9	6	..	..
October	3	73	5	456	..	4	13	10	..	..
November .. .	3	73	5	456	..	4	22	13	..	..
December . . .	1	43	4	473	..	2	2	3	..	..
Total	41	827	82	4,659	12	32	71	101	2	1

VII—LABORATORY.

9. This Laboratory satisfies the needs of the Tuberculosis Department of this hospital. Investigations for other than tuberculosis are undertaken by the main Colonial Laboratory.

Month			Sputum			P.L. Swab			Cast Juice			K.S.R.	R.B.C.C.	Hb.	W.C.C.	Mantoux
			Dir.	Conc.	Cult.	Dir.	Conc.	Cult.	Dir.	Conc.	Cult.					
January	511	87	..	..	..	..	..	..	182	16	..	120	51	84	61	42
February .. .	436	51	..	..	..	..	..	..	118	36	..	147	17	88	28	70
March	405	14	..	..	..	..	..	..	106	19	..	169	23	69	24	35
April	459	68	6	..	..	..	..	..	119	51	..	168	15	67	16	12
May	538	72	26	..	..	..	..	..	121	37	..	119	35	81	36	57
June	458	38	23	89	..	1	103	2	..	162	25	74	25	19	19	19
July	423	31	..	89	..	38	89	..	..	195	18	29	19	32	109	17
August	231	100	46	55	43	59	59	27	..	193	20	20	20	17	27	43
September . .	276	98	35	32	4	5	87	28	..	120	11	11	11	9	42	70
October	322	118	17	64	30	23	14	..	..	155	33	39	33	27	43	9
November .. .	363	124	59	55	16	21	..	..	..	174	34	36	34	43	9	42
December . . .	284	83	16	18	..	..	..	..	..	104	19	19	19	42	9	42
Total . . .	4,706	884	228	400	93	147	998	216	..	1,826	301	617	326	472	9	42

GENERAL.

VIII—QUARTERS.

10. During the year the new toilet facilities for the boiler room attendants' quarters was completed also the original wooden buildings housing the toilets in barracks occupied by the drivers, cooks, etc., was demolished and rebuilt in cement blocks. Both these have relieved the shortage of toilets which was causing great concern previously.

11. Painting of the roofs of the main Hospital and a few of the quarters was carried out during the year.

12. The increased number of students registered at the Central Medical School, necessitated further accommodation and some buildings at Tamavua Hospital were made available.

IX—FIRE FIGHTING.

13. Fire drill has been carried out each month as usual and fire extinguishers throughout the area were checked and re-charged.

X—PLANTATION.

14. Planting was carried out continually during the year and all planting areas were fertilized with manure which was received early in the new year and a vast difference has been noticed in the growth and quality of crops harvested already. Additional to this, fifty tons of sand was obtained from the Colonial Sugar Refining Company, Nausori, and this has been used also in the plantation.

XI—TRANSPORT.

15. All vehicles are in perfect order excepting 1656 a Ford, ton and half which is to be replaced with a new vehicle now under construction. Also during the year a new Austin Ambulance was received to replace a Ford Ambulance which was in need of extensive repairs.

XII—CONCERTS AND ENTERTAINMENTS.

16. A number of concerts were given during the year by different organizations for the benefit of the patients. St. Andrews Guild and the Red Cross Society forwarded gifts for distribution to patients at Christmas. Pictures have been screened each week as in the past.

17. During the year the Under Secretary of State for the Colonies, the Right Honourable John Dugdale, accompanied by His Excellency the Governor, Sir Brian Freeston, paid an official call.

XV—DEPOSIT ACCOUNT TAMAVUA HOSPITAL CANTEEN.

PERIOD 1ST JANUARY TO 31ST DECEMBER, 1951.

Opening Stock	£156 3 11	Cash Sales	£228 7 2
Purchases	103 7 11	Closing Stock	62 18 10
Total Net Profit	31 14 2		
	<hr/> £291 6 0		<hr/> £291 6 0

XVI—COLONY REGISTRATION OF TUBERCULOSIS.

18. Tuberculosis cases notified during 1951 are as follows:—

Total number of Registrations for 1951—353.

Fijians	222
Indians	84
Others	47

XVII—B.C.G. CAMPAIGN.

19. This Campaign was carried on throughout the year. The vaccinators were working much further afield than in the previous year. Total number mantoux tested was over 14,000. Total number of B.C.G. inoculations given was 5,472.

20. I attach graphs showing the racial mantoux indices for the Colony of Fiji which have been obtained.

XIX—RADIOLOGICAL SURVEY.

21. The radiological survey was carried on throughout the year. I attach herewith reports on the individual surveys undertaken. A full analysis of this radiological survey will be forwarded in a report on Tuberculosis in Fiji which is now being prepared.

22. The Superintendent of Prisons was exceedingly co-operative as also was the District Commissioner Southern's Office and Ratu Edward in making arrangements for the Fijian villages and Mr. Vandenberg who assisted greatly in making the arrangements for the Indian Destitutes for X-ray.

LESLIE G. POOLE,
Medical Officer-in-Charge, Tamavua Hospital
and Tuberculosis Control Officer.

Survey, Radiological No. 1; organization, Gaol; date, 1951; film used, 100 mm.; age group, any age but vast majority were between 18 and 39 years; arrangements, all prisoners present in the gaol at the commencement of survey were X-rayed at the rate of 10 per day. All further admissions were X-rayed on the Monday following admission; General, ventilation and diet satisfactory. There was no overcrowding. The inmates are not the vagabond type but usually the fit and strong who have been sentenced for non-payment of taxes or misdemeanours. Only five of the inmates were women.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	126	....	98	....	18	....	....
No. attended for X-ray	126	....	98	....	18	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions	1	0.79	....	....	1	5.56	37 & 38
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative	1	0.79	....	....	....	....	53
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 2; organization, Boarding School; date, 1950 and 1951; film used, 100 mm.; age group, 15–24 years; arrangements, all pupils were X-rayed in 1950 and the new pupils on admission in 1951; general, conditions good.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray							
No. attended for X-ray	143	....	125	....	18	....	....
Percentage attendance	143	....	125	....	18	....	....
Results—	....	100	....	100	....	100	....
A. Previously diagnosed TB. lesions							
B. Newly discovered TB. lesions as follows:—	1	0.70	....	....	....	....	40
B1 Healed and/or clinically negative							
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 3; organization, the residents of four villages; date, October, 1951; film used, 100 mm.; age group, all ages; arrangements, the villagers were transported at the rate of 30 each Wednesday, Thursday and Friday to Colonial War Memorial Hospital. Only those people who were not working or not attending school were invited; general, the housing conditions in all these four villages tended to overcrowding. In one village a number of houses had two separate families living in single room *bures*.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	559	....	....	....	3	....	....
No. attended for X-ray	559	....	....	....	3	....	....
Percentage attendance .. .. .	....	100	....	....	....	100	....
Results—							
A. Previously diagnosed TB. lesions . . . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative	2	....	....	....	....	....	55 & 56
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation	4	....	....	....	....	....	12, 13,
B2b Observation .. .. .	....	....	....	....	....	....	14 & 15

Percentages are taken from total number X-rayed.

Survey, Radiological No. 4; organization, a building contractors; date, 1950; film used, 100 mm.; age groups, adults; arrangements, two per day at Colonial War Memorial Hospital.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray .. .. .	?	....	?	....	?	....	....
No. attended for X-ray	14	....	11	....	2	....	....
Percentage attendance .. .. .	....	46	....	....	....	....	....
Results—							
A. Previously diagnosed TB. lesions . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative	1	....	....	....	....	....	60
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation	1	....	....	....	....	....	16

Percentages are taken from total number X-rayed.

Survey, Radiological No. 5; organization, College; date, October, 1950; film used, 100 mm.; age groups, adults.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	20	....	....	....	15	....	....
No. attended for X-ray	20	....	....	....	15	....	....
Percentage attendance .. .. .	....	100	....	....	....	100	....
Results—							
A. Previously diagnosed TB. lesions . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. ..	....	....	....	....	....	....	....
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	1	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 6; organization, a joinery workshop; date, May, 1951; film used, 100 mm.; age groups, adults.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	8	....	37	....	10	....	....
No. attended for X-ray	8	....	37	....	10	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions . . .	1	....	....	....	1	....	42 & 43
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. ..	....	....	....	....	....	....	....
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation	1	....	....	....	....	....	18
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 7; organization, Central Medical School; date, 1951; film used, 100 mm.; age groups, 17–24 years.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	19	....	3	....	53	....	....
No. attended for X-ray	19	....	3	....	53	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. ..	....	....	....	....	....	....	....
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 8; organization, food manufactures; date, 1951; film used, 100 mm.; age groups, adults.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	52	....	23	....	30	....	....
No. attended for X-ray	52	....	23	....	30	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions	1	....	....	....	....	....	44
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative	1	....	....	....	....	....	61
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation	1	....	....	....	....	....	19

Percentages are taken from total number X-rayed.

Survey, Radiological No. 9; organization, approved school; date, 1951; film used, 100 mm.; age groups, 10–19 years.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	10	....	18	....	6	....	....
No. attended for X-ray	10	....	18	....	6	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions	1	....	....	....	....	....	45
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. .. .	....	....	....	....	....	....	....
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 10; organization, attendants at Mental Hospital; date, 1951; film used, 100 mm.; age groups, various; arrangements, two individuals per day at Colonial War Memorial Hospital.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	5	....	1	....	8	....	....
No. attended for X-ray	5	....	1	....	8	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions . . . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. .. .	....	....	....	....	....	....	....
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	1	....	20
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 11; organization, Bank employees; date, 1951; film used, 100 mm.; age groups, all; arrangements, four per day at Colonial War Memorial Hospital.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	5	....	1	....	69	....	....
No. attended for X-ray	5	....	1	....	69	....	....
Percentage attendance .. .. .	....	100	....	100	....	100	....
Results—							
A. Previously diagnosed TB. lesions . . . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. .. .	....	....	....	....	....	....	....
B2 Significant lesions requiring—	....	....	....	....	....	....	....
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	....	....	....

Percentages are taken from total number X-rayed.

Survey, Radiological No. 12; organization, recruits to Territorial Army; date, 1951; film used, 100 mm.; age groups, 19-29; arrangements, X-rayed in batches of 50 in January and August, 1951.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	105	....	....	....	4	....	....
No. attended for X-ray	105	....	....	....	4	....	....
Percentage attendance .. .. .	....	100	....	....	....	100	....
Results—							
A. Previously diagnosed TB. lesions	1	....	....	....	....	....	46
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative .. ..	....	....	....	....	....	....	....
B2 Significant lesions requiring—							
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation	2	....	....	....	....	....	21 & 22
Doubtful lesion	1	....	....	....	....	....	31

Percentages are taken from total number X-rayed.

Survey, Radiological No. 13; organization, households; date, 1951; film used, 100 mm.; age groups, all ages; arrangements, the householder was called upon and the co-operation of his family was requested. They attended at the Colonial War Memorial Hospital at the rate of 10 per day, usually the following day. The assistant who made the arrangements was usually in attendance to check the individuals.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	56	....	850	....	4	....	....
No. attended for X-ray	30	....	735	....	3	....	....
Results—							
A. Previously diagnosed TB. lesions . . . . .	....	....	....	....	....	....	....
B. Newly discovered TB. lesions as follows:—							62, 63,
B1 Healed and/or clinically negative .. ..	....	....	6	....	....	....	64, 65,
B2 Significant lesions requiring—							66 & 67
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation .. .. .	....	....	....	....	....	....	23

Percentages are taken from total number X-rayed.

Survey, Radiological No. 14; organization, Laucala Bay labourers and Mess boys; date, November, 1950; film used, 100 mm.; age groups, various; arrangements, X-rayed in batches of ten.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	229	....	88	....	81	....	....
No. attended for X-ray	229	....	86	....	81	....	....
Percentage attendance .. .. .	....	....	....	....	....	....	....
Results—							
A. Previously diagnosed TB. lesions	2	....	....	....	....	....	47, 48
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative	1	....	....	....	....	....	68
B2 Significant lesions requiring—							
B2a Hospitalisation	1	....	....	....	....	....	24
B2b Observation	3	....	1	....	....	....	25, 26, 27 & 28

Percentages are taken from total number X-rayed.

Survey, Radiological No. 15; organization, recruits to 1st Battalion Fiji Infantry Regiment; date, December, 1951; film used, 100 mm.; age groups, 19-34; arrangements, X-rayed in batches of 100. These recruits were from all over the country.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	891	....	....	....	28	....	....
No. attended for X-ray	891	....	....	....	28	....	....
Percentage attendance .. .. .	....	100	....	....	....	100	....
Results—							
A. Previously diagnosed TB. lesions	1	....	....	....	....	....	49
B. Newly discovered TB. lesions as follows:—							
B1 Healed and/or clinically negative	2	....	....	....	....	....	69 & 70
B2 Significant lesions requiring—							
B2a Hospitalisation .. .. .	....	....	....	....	....	....	....
B2b Observation	1	....	....	....	1	....	29 & 30
Doubtful lesion	2	....	....	....	....	....	32 & 33

Percentages are taken from total number X-rayed.

Survey, Radiological No. 16; organization, Indian families receiving destitute allowance; date, 1950; film used, 100 mm.; age groups, all ages; arrangements, X-rayed at Colonial War Memorial Hospital at a rate of six per day; general, these people could definitely be placed in the “poverty” group. Their housing conditions, so far as could be ascertained, tended to overcrowding and their diet was ill-balanced being mainly carbohydrates.

	Fijians		Indians		Others		Code No.
	No.	Per-centage	No.	Per-centage	No.	Per-centage	
No. invited for X-ray	376	....	....	....	....
No. attended for X-ray	351	....	....	....	....
Percentage attendance
Results—							
A. Previously diagnosed TB. lesions	1	....	....	....	41
B1 Healed and/or clinically negative	3	....	....	....	57, 58, 59
B2 Significant lesions requiring—							
B2a Hospitalisation
B2b Observation

Percentages are taken from total number X-rayed.

APPENDIX VIII.

Return of Diseases and Deaths for the year 1951, at the Colonial War Memorial Hospital, Tamavua, Lautoka, Labasa and Levuka Hospitals.

NOTE.—This classification is based on the International List of Causes of Death, 1929.

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
I—INFECTIVE AND PARASITIC DISEASES								
A 1	001-008	Tuberculosis of respiratory system	14	206	106	32	358	116
A 2	010	Tuberculosis of meninges and central nervous system ..	1	7	1	3	12	5
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands ..	1	9	5	..	15	2
A 4	012, 013	Tuberculosis of bones and joints .. .. .	..	17	5	2	24	..
A 5	014-019	Tuberculosis, all other forms	21	5	2	..	28	5
A 6	020	Congenital syphilis .. .. .	..	..	6	..	6	2
A 7	021	Early syphilis .. .. .	..	..	..	..	..	..
A 8	024	Tabes dorsalis .. .. .	..	..	..	..	..	..
A 9	025	General paralysis of insane .. .. .	..	..	..	..	..	..
A 10	022, 023 026-029	All other Syphilis .. .. .	..	1	9	1	11	..
A 11	030-035	Gonococcal infections	3	27	29	1	60	..
A 12	040	Typhoid fever	2	7	28	6	43	5
A 13	041, 042	Paratyphoid fever and other Salmonella infections	1	14	10	....	25	2
A 14	043	Cholera .. .. .	..	..	..	..	..	..
A 15	044	Brucellosis (undulant fever)	1	1	2	..	4	..
A 16 (a)	045	Bacillary dysentery	5	17	34	6	62	4
(b)	046	Amoebiasis	19	16	50	3	88	1
(c)	047, 048	Other unspecified forms of dysentery .. .. .	..	1	1	..	2	..
A 17	050	Scarlet fever .. .. .	..	..	..	..	..	..
A 18	051	Streptococcal sore throat	2	1	13	1	17	..
A 19	052	Erysipelas	1	..	..	..	1	1
A 20	053	Septicaemia and pyaemia .. .. .	..	..	..	..	..	..
A 21	055	Diphtheria .. .. .	..	..	..	..	..	..
A 22	056	Whooping cough	1	16	4	2	23	..
A 23	057	Meningococcal infections .. .. .	..	1	..	..	1	..
A 24	058	Plague .. .. .	..	..	..	..	..	..
A 25	060	Leprosy	2	3	4	1	10	..
A 26	061	Tetanus	1	9	6	..	16	5
A 27	062	Anthrax .. .. .	..	2	5	..	7	1
A 28	080	Acute poliomyelitis .. .. .	..	..	..	..	..	..
A 29	082	Acute infectious encephalitis .. .. .	..	..	..	..	..	..
A 30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis .. .. .	..	..	..	..	..	..
A 31	084	Smallpox .. .. .	..	..	..	..	..	..
A 32	085	Measles .. .. .	..	..	..	..	..	..
A 33	091	Yellow fever .. .. .	..	..	..	..	..	..
A 34	092	Infectious hepatitis .. .. .	..	10	18	3	31	2
A 35	094	Rabies .. .. .	..	..	..	..	..	..
A 36 (a)	100	Louse-borne epidemic typhus .. .. .	..	..	..	..	..	..
(b)	101	Flea-borne endemic typhus (murine) .. .. .	..	..	..	..	..	..
(c)	104	Tick-borne epidemic typhus .. .. .	..	..	..	..	..	..
(d)	105	Mite-borne typhus .. .. .	..	..	..	..	..	..
(e)	102, 103 106-108	Other and unspecified typhus .. .. .	..	..	..	..	..	..
A 37 (a)	101	Vivax malaria (benign, tertian) .. .. .	..	..	..	..	..	..
(b)	111	Malariae malaria (quartan)	1	1	..	..	2	..
(c)	112	Falciparum malaria (malignant tertian) .. .. .	..	..	..	..	..	..
(d)	115	Blackwater fever .. .. .	..	..	..	..	..	..
(e)	113, 114 116, 117	Other and unspecified forms of malaria .. .. .	..	..	..	..	..	..
A 38 (a)	123 0	Schistosomiasis vesical (<i>S. harmatobium</i>) .. .. .	..	..	..	..	..	..
(b)	123-1	Schistosomiasis intestinal (<i>S. Masoni</i>) .. .. .	..	..	..	..	..	..
(c)	123-2	Schistosomiasis pulmonary (<i>S. japonicum</i>) .. .. .	..	..	..	..	..	..
(d)	123-3	Other and unspecified schistosomiasis .. .. .	..	..	..	..	..	..
A 39	125	Hydatid disease .. .. .	..	..	..	..	..	..
A 40 (a)	127	Onchocerciasis .. .. .	..	..	..	..	..	..
(b)		Loiasis .. .. .	..	..	..	..	..	..
(c)		Filariasis (bancrofti)	1	19	2	2	24	..
(d)		Other filariasis .. .. .	..	1	1	..	2	..
A 41	129	Ankylostomiasis .. .. .	..	14	64	6	84	..
A 42 (a)	126	Tapeworm (infestation) and other cestode infestations ..	..	..	1	..	1	..
(b)	130 0	Ascariasis	1	3	12	..	16	..
(c)	130-3	Guinea worm (<i>dracunculosis</i>) .. .. .	..	..	..	..	..	..
(d)	124, 128 130-1, 130-2	Other diseases due to helminths	4	1	11	..	16	..
A 43 (a)	037	Lymphogranuloma venereum .. .. .	..	..	..	..	..	..
(b)	038	Granuloma inguinale, venereal .. .. .	..	..	3	..	3	..
(c)	039	Other and unspecified venereal diseases	1	1	7	..	9	..
(d)	049	Food poisoning infection and intoxication	1	11	3	1	16	..
(e)	071	Relapsing fever .. .. .	..	..	..	..	..	..
Carried forward			84	420	442	70	997	151

Intermediate List Number		Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
			Brought forward	84	420	442	70	997	151
(f)		072	Leptospirosis icterohaemorrhagica (Weil's disease) . .	..	..	..	..	..	..
(g)		073	Yaws	30	16	2	3	51	..
(h)		087	Chickenpox .. .. .	..	..	..	2	2	..
(i)		090	Dengue	1	..	2	2	5	..
(j)		095	Trachoma . . . . .	..	1	..	..	1	..
(k)		096-7	Sandfly fever .. .. .	..	..	..	..	..	..
(l)		120	Leishmaniasis .. .. .	..	..	..	..	..	..
(m)		121 (a)	Trypanosomiasis gambiensis .. .. .	..	..	..	..	..	..
		(b)	Trypanosomiasis rhodesiensis .. .. .	..	..	..	..	..	..
		(c)	Other and unspecified Trypanosomiasis .. .. .	..	..	..	..	..	..
(n)		131	Dermatophytosis	1	..	1	..	2	..
(o)		135	Scabies	1	7	5	1	14	..
(p)		036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096-1-096 6, 096-8, 096 9, 122, 132-134, 136-138	All other diseases classified as infective and parasitic ..	3	9	11	3	26	1
				120	453	463	81	1,098	152
II—NEOPLASMS.									
A 44		140-148	Malignant neoplasm of buccal cavity and pharynx	1	..	2	..	3	..
A 45		150	Malignant neoplasms of oesophagus .. .. .	..	..	..	..	..	..
A 46		151	Malignant neoplasm of stomach	2	2	13	1	18	5
A 47		152, 153	Malignant neoplasm of intestine, except rectum .. ..	..	1	2	..	3	..
A 48		154	Malignant neoplasm of rectum	1	1	1	..	3	1
A 49		161	Malignant neoplasm of larynx . . . . .	..	..	..	..	..	..
A 50		162, 163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary .. .. .	..	1	1	..	2	2
A 51		170	Malignant neoplasm of breast . . . . .	..	2	4	..	6	..
A 52		171	Malignant neoplasm of cervix uteri .. .. .	..	7	8	2	17	..
A 53		172-174	Malignant neoplasm of other and unspecified parts of uterus .. .. .	..	1	..	3	4	1
A 54		177	Malignant neoplasm of prostate .. .. .	..	..	..	..	..	..
A 55		190, 191	Malignant neoplasm of skin	4	1	..	1	6	..
A 56		196, 197	Malignant neoplasm of bone and connective tissue	1	3	8	2	14	1
A 57		155, 160, 164, 165, 175, 176, 178-181, 192-185, 198, 199	Other and unspecified sites	1	7	12	2	22	7
A 58		204	Leukaemia and aleukaemia .. .. .	....	3	6	1	10	2
A 59		200-203	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system .. .. .	....	2	1	..	3	..
A 60		210-239	Benign neoplasms and neoplasms of unspecified nature ..	4	13	23	5	45	..
				14	44	81	17	156	19
III—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES									
				5	1	5	..	11	..
IV—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.									
A 61		250, 251	Nontoxic goiter	1	..	6	1	8	..
A 62		252	Thyrototoxicosis with or without goiter .. .. .	..	2	17	2	21	..
A 63		260	Diabetes mellitus	5	10	88	4	107	3
A 64 (a)		280	Beriberi .. .. .	..	..	2	..	2	..
(b)		281	Pellagra .. .. .	..	..	2	..	2	..
(c)		282	Scurvy .. .. .	..	..	1	..	1	..
(d)		283-286	Other deficiency states .. .. .	..	20	8	1	29	6
A 65 (a)		290	Pernicious and other hyperchromic anaemias .. .. .	..	9	64	2	75	4
(b)		291	Iron deficiency anaemias (hypochromic) .. .. .	..	6	79	1	86	1
(c)		292, 293	Other specified and unspecified anaemias	1	7	35	1	44	2
A 66 (a)		241	Asthma	5	8	70	3	86	3
(b)		240, 242-245, 253, 254, 270-277, 287-289, 294-299	All other allergic disorders endocrine, metabolic and blood diseases . . . . .	..	3	17	1	21	1
				13	65	389	16	482	20
V—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS.									
A 67		300-309	Psychoses	4	1	3	2	10	1
A 68		310-324, 326	Psychoneuroses and disorders of personality	6	7	16	5	34	..
A 69		325	Mental deficiency . . . . .	..	3	1	..	4	..
				10	11	20	7	48	1

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.								
A 70	330-334	Vascular lesions affecting central nervous system	4	5	39	3	51	14
A 71	340	Nonmeningococcal meningitis	1	19	16	4	40	9
A 72	345	Multiple sclerosis . . . . .	..	..	..	..	..	..
A 73	353	Epilepsy .. .. .	..	..	8	..	8	1
A 74	370-379	Inflammatory diseases of eye	3	23	17	2	45	..
A 75	385	Cataract	1	6	22	1	30	..
A 76	387	Glaucoma . . . . .	..	5	2	2	9	..
A 77 (a)	390	Otitis externa	7	7	2	..	16	..
(b)	391-393	Otitis media and mastoiditis .. .. .	..	5	22	1	28	..
(c)	394	Other inflammatory diseases of ear .. .. .	..	3	4	1	8	..
A 78	380-384, 386, 388, 389	} All other diseases and conditions of eye	2	25	26	3	56	..
(b)	341, 344, 350-352, 360-369, 395-398		} All other diseases of the nervous system and sense organs	12	17	41	7	77	4
				30	115	199	24	368	28
VII—DISEASES OF THE CIRCULATORY SYSTEM.								
A 79	400-402	Rheumatic fever	2	5	39	5	51	2
A 80	410-416	Chronic rheumatic heart disease	2	9	50	4	65	12
A 81	420-422	Arteriosclerotic and degenerative heart disease	8	8	45	2	63	17
A 82	430-434	Other diseases of heart.. .. .	8	9	38	5	60	11
A 83	440-443	Hypertension with heart disease	7	4	23	6	40	10
A 84	444-447	Hypertension without mention of heart .. .. .	....	4	14	2	20	..
A 85	450-456	Diseases of arteries	1	..	12	1	14	3
A 86	460-468	Other diseases of circulatory system	14	14	34	9	71	2
			42	53	255	34	384	57
VIII—DISEASES OF THE RESPIRATORY SYSTEM.								
A 87	470-475	Acute upper respiratory infections	7	14	28	4	53	1
A 88	480-483	Influenza	8	91	97	10	206	..
A 89	490	Lobar pneumonia	4	67	65	11	147	12
A 90	491	Bronchopneumonia	2	63	55	9	129	26
A 91	492, 493	Primary atypical, other and unspecified pneumonia.. .. .	1	32	20	6	59	..
A 92	500	Acute bronchitis	5	90	76	17	188	1
A 93	501, 502	Bronchitis, chronic and unqualified	3	12	38	2	55	2
A 94	510	Hypertrophy of tonsils and adenoids	8	6	37	3	54	..
A 95	518, 521	Empyema and abscess of lung	1	11	8	1	21	2
A 96	519	Pleurisy	2	26	13	4	45	6
A 97 (a)	523	Pneumoconiosis .. .. .	..	..	..	..	..	..
(b)	511-517, 520-522, 524-527	} All other respiratory disease	2	5	5	3	15	..
			43	417	442	70	972	50
IX—DISEASES OF THE DIGESTIVE SYSTEM.								
A 98 (a)	530	Dental Caries .. .. .	..	7	15	1	23	..
(b)	531-535	All other diseases of teeth and supporting structures	1	7	11	1	20	..
A 99	540	Ulcer of stomach	7	2	11	5	25	1
A 100	541	Ulcer of duodenum	1	1	9	3	14	1
A 101	543	Gastritis and duodenitis	5	8	25	9	47	..
A 102	550-553	Appendicitis	28	39	244	29	340	1
A 103	570, 561, 570	Intestinal obstruction and hernia	9	20	58	14	101	4
A 104 (a)	571-0	Gastro-enteritis and colitis between 4 weeks and 2 years	4	35	44	7	90	6
(b)	571-1	Gastro-enteritis and colitis, ages 2 years and over	8	20	66	2	96	2
(c)	572	Chronic enteritis and ulcerative colitis .. .. .	..	2	3	..	5	..
A 105	581	Cirrhosis of liver	2	..	4	..	6	2
A 106	584, 585	Cholelithiasis and cholecystitis	5	6	35	2	48	1
A 107	536-539	} Other diseases of digestive system	5	30	145	5	185	3
	542, 544, 545, 573-580, 582, 583, 586, 587							
			75	177	670	78	1,000	21

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
X—DISEASES OF THE GENITO-URINARY SYSTEM.								
A 108	590	Acute nephritis	1	3	9	2	15	..
A 109	591-594	Chronic, other and unspecified nephritis	2	6	22	2	32	3
A 110	600	Infections of kidney	12	35	177	7	175	1
A 111	602, 604	Calculi of urinary system	4	2	32	2	40	2
A 112	610	Hyperplasia of prostate	6	2	13	2	23	3
A 113	620, 621	Diseases of breast	2	8	6	1	17	..
A 114 (a)	613	Hydrocele	5	25	25	11	66	..
(b)	634	Disorders of menstruation	2	10	48	5	65	..
(c)	601, 603, 605-609, 611, 612, 614-617 622-633, 635-637	} All other disease of the genito-urinary system	30	42	148	22	242	5
			64	133	420	54	671	14
XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM.								
A 115	640-641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium ..	1	4	23	1	29	1
A 116	642, 652, 685, 686	Toxaemias of pregnancy and the puerperium	2	4	60	5	71	4
A 117	643, 644	Haemorrhage of pregnancy and childbirth	3	5	33	8	49	1
A 118	650	Abortion without mention of sepsis or toxaemia	8	35	69	22	134	..
A 119	651	Abortion with sepsis	1	5	12	5	23	1
A 120 (a)	645-649, 673-680, 683, 687-689	} Other complications of pregnancy, childbirth and the puerperium	7	79	220	41	347	2
(b)	660	Delivery without complications	18	341	624	101	1,084	..
			40	473	1,041	183	1,737	9
XII—DISEASE OF THE SKIN AND CELLULAR TISSUE								
			5	36	21	7	69	1
XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT.								
A 121	690-698	Infections of skin and subcutaneous tissue	30	135	155	34	354	5
A 122	720-725	Arthritis and spondylitis	5	49	38	5	97	1
A 123	726, 727	Muscular rheumatism and rheumatism unspecified ..	1	7	22	1	31	..
A 124	730	Osteomyelitis and periostitis	5	33	23	7	68	1
A 125	737, 745-749	Ankylosis and acquired musculo-skeletal deformities ..	1	3	5	2	11	..
A 126	715	Chronic Ulcer of Skin (including tropical ulcer)	1	13	9	2	25	..
(b)	700-714, 716	All other diseases of skin	6	5	24	2	37	..
(c)	731-736, 738-744	} All other diseases of musculo-skeletal system	4	29	10	6	49	..
			53	274	286	59	672	7
XIV—CONGENITAL MALFORMATIONS.								
A 127	751	Spina bifida and meningocele . .. .	..	..	3	..	3	1
A 128	754	Congenital malformations of circulatory system .. ..	..	1	1	..	2	..
A 129	750, 752, 753, 755-759	All other congenital malformations .. .. .	..	9	30	1	40	3
			..	10	34	1	45	4
XV—CERTAIN DISEASES OF EARLY INFANCY.								
A 130	760, 761	Birth injuries .. .. .	..	1	..	1	2	2
A 131	762	Postnatal asphyxia and atelectasis .. .. .	..	..	..	..	..	..
A 132 (a)	764	Diarrhoea of newborn (under 4 weeks) .. .. .	..	..	..	1	1	..
(b)	765	Ophthalmia neonatorum .. .. .	..	1	..	..	1	..
(c)	763, 766-768	Other infections of newborn .. .. .	..	..	3	..	3	1
A 133	770	Haemolytic disease of newborn .. .. .	..	..	..	..	..	..
A 134	769, 771, 772	All other defined diseases of early infancy	1	3	5	3	12	3
A 135	773, 776	Ill-defined diseases peculiar to early infancy and immaturity unqualified .. .. .	..	6	7	1	14	4
			1	11	15	6	33	10

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
		XVI—SENILITY AND ILL-DEFINED CONDITIONS.						
A 136	794	Senility without mention of psychosis .. .. .	..	..	7	..	7	1
A 137 (a)	788-8	Pyrexia of unknown origin	3	18	37	8	66	1
(b)	793	Observation, without need for further medical care ..	21	107	125	40	293	..
(c)	780-787, 788-1-788-7 788-9, 789-792, 795	} All other ill-defined causes of morbidity	14	35	71	4	124	1
			38	160	240	52	490	3

“ E ” CODE—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE).

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
AE 138	E810-E835	Motor vehicle accidents	1	11	22	4	38	1
AE 139	E800-E802 E840-E866	} Other transport accidents .. .. .	..	..	6	..	6	..
AE 140	E870-E895	Accidental poisoning .. .. .	..	1	2	1	4	..
AE 141	E900-E904	Accidental falls	4	28	31	5	68	4
AE 142	E912	Accident caused by machinery	1	2	1	4	8	..
AE 143	E916	Accident caused by fire and explosion of combustible material	1	1	..	..	2	..
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	1	4	2	1	8	..
AE 145	E919	Accident caused by firearm .. .. .	..	5	1	..	6	..
AE 146	E929	Accidental drowning and submersion . . . . .	..	..	1	1	2	..
AE 147	E920	Foreign body entering eye and adnexa	1	1	5	3	10	..
	E923	Foreign body entering other orifice .. .. .	..	1	3	3	7	..
	E927	Accidents caused by bites and stings of venomous animals and insects .. .. .	..	..	3	..	3	..
AE 148	E928 E910, E911 E913-E915 E921-E922 E924-E926 E930-E965 E970-E979 E980-E985	} Other accidents caused by animals All other accidental causes .. .. .	.. 4	5 36	4 20	2 5	11 65	..
AE 149	E980-E985	Homicide and injury purposely inflicted by other persons (not in war) .. .. .	....	4	25	1	30	3
AE 150	E990-E999	Injury resulting from operations of war .. .. .	..	..	..	..	..	..
			13	99	126	30	268	8

“ N ”—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONING AND VIOLENCE (NATURE OF INJURY).

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Death
AN 138	N800-N804	Fracture of skull	3	5	6	3	17	..
AN 139	N805-N809	Fracture of spine and trunk	2	10	8	2	22	1
AN 140	N810-N829	Fracture of limbs	14	49	117	16	196	1
AN 141	N830-N839	Dislocation without fracture	1	3	6	..	10	..
AN 142	N840-N848	Sprains and strains of joints and adjacent muscle . .	1	4	6	..	11	..
AN 143	N850-N856	Head injury (excluding fracture)	3	19	10	2	34	1
AN 144	N860-N869	Internal injury of chest, abdomen and pelvis	2	4	4	..	10	..
AN 145	N870-N908	Laceration and open wounds	8	111	66	17	202	..
AN 146	N910-N929	Superficial injury, contusion and crushing with intact skin surface	4	13	15	3	35	..
AN 147	N930-N936	Effects of foreign body entering through orifice	1	1	9	2	13	..
AN 148	N940-N949	Burns	6	15	32	7	60	7
AN 149	N960-N979	Effects of poisons	3	3	5	..	11	..
AN 150	N950-N959 N980-N999	} All other and unspecified effects of external causes ..	..	3	9	1	13	..
			48	240	293	53	634	10
		GRAND TOTAL	614	2,775	5,001	772	9,162	413

APPENDIX IX

CENTRAL MEDICAL SCHOOL.

ANNUAL REPORT FOR 1951.

THE PRINCIPAL, CENTRAL MEDICAL SCHOOL to THE DIRECTOR OF MEDICAL SERVICES, SUVA.

Sir,

I have the honour to forward the following report for the year 1951:—

I—DEVELOPMENT.

In the Annual Report for 1949 a brief historical survey was given, showing the development of the School up to that period. In that year (1949), 44 students were in residence.

Since, then, development has been rapid. In 1950, as mentioned in the Acting Principal's report for that year, numbers rose to 97, including 11 students in ancillary courses such as Dentistry, Pharmacy and Sanitation. In 1951 the number rose still further, to 168. The increase was due to two main factors; first, the admission of more students of rather lower educational standard than formerly, and secondly, to the closing of the U.S. Navy School of Medical Assistants at Guam and the transference of 54 of their Medical and Dental students to the Central Medical School at Suva.

Unfortunately, increase of staff and accommodation could not keep pace with the development in numbers, and during the year the School worked under considerable disadvantage in both these respects. Accommodation was provided for 80 students at Tamavua, four miles from the main school, and the first year classes were established there.

The admission of seven senior and fifteen junior Dental students made the reorganization of the teaching side of the Dental Department of prime importance. The High Commissioner for the United States Trust Territory of the Pacific Islands kindly offered to send Dr. H. L. Cloud, D.D.S., to help in putting the Department on a proper footing, and this offer was gladly accepted. Dr. Cloud arrived in August, and his hard work on behalf of the School soon showed results.

II—STUDENTS IN RESIDENCE.

For the greater part of the year there were 168 students in residence, disposed according to race and academic course as follows:—

Administration	Medical					Dentistry	Pharmacy	Sanitation	Laboratory	Total
	Basic train.	1st year	2nd year	3rd year	4th year					
Fiji .. .. .	..	19	6	5	4	1	1	4	..	40
Indians .. .. .	..	2	2	1	3	..	1	1	4	14
Tonga .. .. .	..	..	2	1	1	..	1	..	..	5
Western Samoa .. .. .	..	4	8	..	4	..	..	1	1	18
Eastern Samoa .. .. .	..	..	..	..	2	..	..	..	..	2
Cook Island	1	4	1	..	..	..	1	1	..	8
British Solomon Islands Protectorate	3	1	..	..	..	..	..	..	1	5
Gilbert and Ellice Islands Colony .. .. .	..	2	2	2	..	1	..	..	..	7
Banaban .. .. .	..	1	..	..	..	..	..	..	..	1
New Hebrides	1	..	3	..	..	..	..	..	..	4
Niue .. .. .	..	..	..	..	..	..	1	1	..	2
Nauru .. .. .	..	..	..	1	..	..	..	..	..	1
Papua and New Guinea .. .. .	..	..	1	3	1	..	..	1	..	6
United States Trust Territories—Caroline Islands	8	11	..	4	4	17	..	1	..	45
Marshall Islands .. .. .	..	2	..	1	..	4	..	..	..	7
Marianas .. .. .	..	1	..	1	1	..	..	..	..	3
Total	13	47	25	19	20	23	5	10	6	168

In addition to the above, three students from the previous final year were in residence until March, when they passed the supplementary final examinations, and graduated.

Post-graduate study was undertaken by the following A.M.P's. during the year:—

Leopino Foliaki	Tonga
Sateki	Tonga
Maka Sapolu	Western Samoa
Manea Tamarua	Cook Islands

The presence of 54 from the United States Trust Territory of the Pacific Islands (East and West Caroline Islands, Marshall Islands and the North Marianas) was, of course, something quite new in the Central Medical School. Micronesians were already represented by Gilbert Islanders, but a sudden large invasion of Micronesian students, nurtured in Japanese schools, and still using the Japanese language as their *lingua franca*, later adopted as charges and taught by the United States Navy, and accustomed to steak and ice-cream for breakfast, made a revolutionary change in both policy and method. It says much for the character of all students, both the old and the new, that there has been a minimum of friction, and the happy relations between the different Island races—always a feature of the School—have been maintained.

III—STAFF.

Staff shortages were acute during the year, and caused some embarrassment in the efficient running of the School. Indeed, the teaching programme had to be modified considerably, especially in the first-year class, where instruction in science was irregular and incomplete.

Of the regular staff, the Principal (who returned from leave on January 3rd), was not able to take over his beds in the Medical Wards, but throughout the year was able to give regular clinical instruction. He lectured in Physiology (in part), in Medicine, Materia Medica, Parasitology, Embryology and Histology.

Assistant Medical Practitioner Ram Singh lectured to two classes in Anatomy each morning throughout the School year, and continued to take his share of hospital duties in the afternoons.

It being necessary, in the second half of the year, to commence a special class in English and Arithmetic for the more backward of the new students, Mrs. P. McDiarmid, M.A., D.Ph., was asked to take charge of this, and she kindly consented to do so. As has already been reported, Dr. H. L. Cloud has been in charge of the Dental instruction since August.

There was no Assistant Principal until June, when Dr. P. G. Griffiths, M.R.C.P., acted in that capacity until October, when he was transferred to take charge of Makogai. In those few months he was able to help materially, both with lectures (Physiology and Pathology) and with clinical instruction.

As is usual, the School relied to a great extent on a long list of honorary lecturers, and is indebted to the following, all of whom lectured during the year, some for a few lectures only, others consistently through the year:—

Dr. K. R. Steenson, M.B., Ch.B.	Medicine, Surgery and Physiology.
Dr. P. E. C. Manson-Bahr, M.D., M.R.C.P.	Medicine and Forensic Medicine.
Mr. J. Reid, F.R.C.S.	Surgery.
Dr. T. A. Doran, M.D., Ch.B.	Surgery.
Dr. D. J. Oldmeadow, M.B., B.S., D.G.O. .	Obstetrics.
Dr. H. W. Conran, M.D., D.P.H. & Staff .	Public Health.
Dr. A. H. Sahu Khan, M.B., Ch.B.	Ophthalmology.
Dr. H. L. Cloud, D.D.S.	Dentistry.
Ratu I. L. Vosailagi, B.D.S.	Dentistry.
Mr. O. Singh, B.D.S.	Dentistry.
A. M. P. Vilikesa Ramaqa	Anaesthetics.
Miss Maslen, M.P.S.	Materia Medica
Mrs. L. Frater, B.A., Dip. Ed.	Physiology.
Dr. V. L. Verrier, M.R.C.S., L.R.C.P. . .	Science.
Mr. T. Waldron	Science and Bacteriology.
Miss S. Holmes	Dietetics
A.M.P. S. Baravilala	Bacteriology.

The thanks of the School are again due to the Medical Officer-in-charge, Matron and Sisters of the Hospital for their part of the training of the students, and to those in charge of special departments, notably Miss Tythicott, Midwifery; Miss Doak, Theatre; A.M.P. T. Uluilakeba, Eye Department; Mr. T. Waldron, Laboratory; and Pharmacy Assistant Wame Raratabu.

Mr. E. S. Dass was replaced as clerk by Mrs. E. E. M. Prout in November, and the importance of this post has increased with the rapid development of the School.

Mr. A. S. Martin, and later Mr. J. Garnett, in their capacity as Steward and Clerk of the Hospital, kindly kept the Sports Fund Account.

Mrs. A. S. Martin continued as Housekeeper, and managed well the diverse duties which fell to her lot, being responsible for domestic affairs, both at Suva and Tamavua. Limited kitchen and laundry facilities have added to the difficulties of the position.

IV—ADVISORY BOARD.

With the influx of a large number of students of lower than normal academic attainment, it was obvious that either good students would be held back, or poor students would be out of their depth in class. The Board, therefore, decided that classes should be divided into upper and lower grades, with lectures appropriate to each. In the large first year (73 students) a division was, in any case, necessary. The division was put into effect and has proved successful.

At the instigation of Dr. E. D. Pridie, Chief Medical Officer, Colonial Office, London, the Board decided to inaugurate a five year medical course of considerably higher standard than the present one, an entrance qualification equivalent to the Cambridge School Certificate to be obligatory. This would have the advantage of providing a good medical training locally, and if provision were made for graduates to have the right of private practice after a period of probation, there would be less tendency for good Fijian and Indian students to go overseas for the full course. It was decided that such a class should commence in 1952.

V—LECTURES AND WARD WORK.

Until the classes were divided into upper and lower grades, all lectures were distributed at the widely varying standards amongst the students (new students having entered each of the years except the second), it being difficult to find a level high enough for good students and low enough to be understood by the weak ones. The problem was largely solved by the division, and also, especially in the senior classes, by a determined effort on the part of the poor ones to make good their deficiency by hard work.

The work and behaviour of the students in the wards was satisfactory, but the shortage of nursing sisters meant considerably less tuition for them in various matters of ward routine.

VI—EXAMINATIONS.

The three students who had failed to graduate in December, 1950, were given supplementary examinations in March and were successful. They were:—

Sam Kata	..	..	..	..	..	..	Fiji
Dick Tafatu	..	..	..	..	..	..	Niue
Victor Thompson	..	..	..	..	..	..	E. Samoa

In the final examinations in December, 1951, five of the twenty in the class failed in one subject, and one student, (Buaserau, Fiji), failed in two subjects and barely scraped through in the third. The one student will be required to repeat the year, but the other five will be given a supplementary examination in January. The fourteen new graduates who were given their certificates by His Excellency, the Acting Governor, at a ceremony in the Legislative Council Chambers are:—

Dobui, Bolalailai, and Tabua	..	..	..	..	..	..	of Fiji
Hira Mani, Kuver, and Paras Ram	..	..	..	..	..	..	of Fiji
Puloka	..	..	..	..	..	..	of Tonga
Lafi, and Moegagogo	..	..	..	..	..	..	of W. Samoa
Tomasone	..	..	..	..	..	..	of E. Samoa
Wilfred Moi	..	..	..	..	..	..	of Papua
Masao, Michi, and Lomisan	..	..	..	..	..	..	of U.S.T.T.

Third Year.—This group of students has always been rather below the standard, and the one or two good ones at the top do not compensate for the general low standard.

Second Year.—Five members of this class fell by the wayside during the year, and it now remains, except for one or two weak spots, a good class. They work well.

First Year.—When the Trust Territory students arrived from Guam, it was found that 22 of them, graded as second year, had not commenced their studies in Anatomy and Physiology, whereas our second year class had completed six months of study in those subjects. A new class was formed, therefore, commencing studies in Anatomy and Physiology, but after a few months it was apparent that the basic training of most of the students was not high enough to allow them to complete these studies in the usual twelve months, and the students concerned had, therefore, to be joined with the ordinary first year. This explains the large and unwieldy number—73—in the first year. In July thirteen of the number, taken from the bottom of the class, were put into a special class in an effort to improve their general education, for the work of the ordinary class was quite beyond their powers.

VII—DISCIPLINE.

A Fijian medical student and an Eastern Samoan dental student were both dismissed during the year for unbecoming conduct.

Other breaches of discipline were of a normal character and were dealt with as the occasion arose.

Under the subject of discipline should be mentioned unsettled behaviour on the part of some students, coupled with criticism of the School and its amenities. It must be admitted that some of the criticism is applicable, and conditions must remain short of satisfactory so long as temporary quarters are in use and the shortage of staff and equipment persists. On the other hand it is found that many students are unreasonably demanding, and they fail to appreciate all that their Governments, through the School, are doing for them. The fact that students are provided with clothing, books and pocket-money, in addition to food, accommodation and tuition, all at no cost to themselves or their parents, tends to encourage such a lack of appreciation.

VIII—HEALTH.

An influenza-like epidemic affected its share of students, and many students had to report sick and were off duty for varying periods.

There have been three cases of pneumonia, four fractures and several operations, including repair of hernia and removal of pterygium. One student, Siren—from the U.S. Trust Territory—had to be transferred to a short course in Mosquito Control, so that he could be sent home early in 1952, with some qualifications, his health not being sufficiently good to stand the medical course.

The above cases were not many out of the large total of students, and health generally has been satisfactory.

IX—RECREATION.

Football was again the main sporting event of the year, and after last year's successful season the students were invited to enter a team in the senior division of the Suva competition. This they did, and although often outclassed by the heavier and older teams, were able to win several of their matches. A junior team was also entered for the competition, and although without many of its star players, who had gone on to the senior team, it was within reach of the Cup until the last match of the season.

Baseball is now well established, thanks to the U.S. Trust Territory students. Competition can only be met within the school unfortunately, except for an occasional game of soft-ball with the Suva Boys Grammar School, in which the skill and experience of our players is apparent.

The part of the School at Tamavua is, unfortunately, very short of playing space, and until a proper playing field is provided, recreation has to be procured as best it can.

The Matron of the Colonial War Memorial Hospital, Suva, has kindly made the Sisters' tennis court available for students from 4 p.m.—6 p.m. on three afternoons per week, and students enjoy their games here. The demand for a game is so heavy that a student has to wait about three weeks between games.

The Athletic Sports Meeting was again not held, but it hoped to re-introduce this popular meeting as soon as possible.

Badminton (another introduction from Guam), quoit-tennis and table-tennis all provide their share of recreation and entertainment.

X—GRADUATION CEREMONY.

The Acting Governor, Mr. A. F. R. Stoddart, attended a successful graduation ceremony on the 17th December in the Legislative Council Chamber.

After the Director of Medical Services had opened the proceedings, and the Principal had administered the Hippocratic Oath to the graduands, His Excellency delivered an address, presented prizes and gold medals, and then handed the new graduates their qualifying certificates.

A. S. FRATER,
Principal, Central Medical School.

APPENDIX X.

Meteorological Reports for the year 1951.

LAUCALA BAY

Rainfall—

Total—98·91"

Normal—for years.

Departure from normal—

Wet days (0·01 or more)—204.

Wettest day—5·83" on 11/12/51

Temperatures—

Mean Maximum—81·8

Highest recorded—90·2 on 15/1/51.

Mean minimum—71·3.

Lowest recorded—56·2 on 6/8/51.

Mean Temperature $\frac{1}{2}$ (max. + Min.)—76·6.

Departure from normal—

Mean Temperature at 9 a.m.—78·2.

Humidity—

Mean Humidity at 9 a.m.—78·4 per cent.

Bright Sunshine—

Total Hours—1960·1.

Mean Daily—5·2.

SUVA

Rainfall—

Total—106·92"

Normal—123·43" for 63/64 years.

Departure from normal—16·51"

Wet days (0·01 or more)—197

Wettest day—5·26" on 11/12/51

Temperatures—

Mean Maximum—83·0

Highest recorded—92·8 on 22/1/51.

Mean Minimum—71·1.

Lowest recorded—56·9 on 6/8/51.

Mean Temperature $\frac{1}{2}$ (Max. + Min.)—77·0.

Departure from normal—0·1.

Mean Temperature at 9 a.m.—78·6.

Humidity—

Mean Humidity at 9 a.m.—76·4 per cent.

NOTES.—In spite of some abnormalities during the year such as—

- (i) Frequent thunderstorms, some of which were severe, in January, February and December.
- (ii) An out of season cyclonic storm bringing gales to the W. and SW. portion of the Group on May 7th.
- (iii) The lowest minimum temperature, 56·9 on August 6th, since July, 1930.
- (iv) The driest August since 1920 and driest November since 1914.
- (v) Slight to occasionally thick haze reducing visibility to 1 to 2 miles at times at intervals between August and December.
- (vi) Semi drought conditions prevailing from late October to early December.

1951 will be remembered as one of the best years generally there being many fair and dry periods with, at time, cool temperatures even in some of the summer months.

The wettest day of the year, 5·83" on December 11th was very welcome as it ended the semi drought conditions.

APPENDIX XI.

MENTAL HOSPITAL, SUVA.

During the first half of 1951, this Hospital was under the care of the Deputy Director of Medical Services; for the latter half, the Hospital was attended by the Medical Officer of Health, Suva.

Visits were made, in accordance with the Mental Treatment Ordinance, on three days each week as a routine, with extra visits as occasion demanded, for examination of new admissions, supervision of treatment, or for the follow-up of other cases.

ADMISSIONS AND DISCHARGES.

The Hospital accommodates all types of mental illness, including mental deficiency: the following are details of admissions, discharges, etc.:—

In Hospital, end of 1950	94
Admitted during 1951	57
Discharged during 1951	38
Died during 1951	3
In Hospital at end of 1951	110

RACIAL DISTRIBUTION OF PATIENTS.

Indians	56 per cent
Fijians	25 per cent
Europeans	14 per cent
Others	5 per cent

from which it is noted that the Indians admitted are more than the total of all other races combined.

DISTRIBUTION ACCORDING TO DIAGNOSIS.

Manic-depressive reaction types	..	..	..	..	..	79
Schizophrenia, catatonics	..	..	..	..	..	35
Senile Dementia	..	..	..	..	..	17
Arteriosclerotic Psychosis	..	..	..	..	..	4
Epilepsy	..	..	..	..	..	8
Paranoia	..	..	..	..	..	6
At present undetermined	..	..	..	..	..	2

LABORATORY PROCEDURES.

Chest X-rays are made as routine on admission, as are bloodcounts, haemoglobin estimations, stool examinations, and Kahn tests on blood. It is noted that out of 115 Kahn tests on blood from patients in whom yaws could with reasonable certainty be excluded, 46 gave positive results on two or more occasions. Neurosyphilis has not so far been seen in this Hospital.